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MONTHLY.

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THE
HOMŒOPATHIC RECORDER.

VOL. XVI. LANCASTER, PA., JANUARY, 1901. NO. 1

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Sixth Annual Session.

The sixth annual session of the American Institute of Homœopathy was held in Philadelphia, in the Homœopathic Medical College of Pennsylvania, on June 13 and 14, 1849. Both Secretaries being absent, Jacob Jeanes, M. D., called the meeting to order.

The minutes show that fifty members were present.

C. F. Manchester, M. D., of Pawtucket, R. I., was appointed General Secretary pro tem.

Samuel Gregg, M. D., of Boston, was elected Chairman of the session, and made a short address in response.

Alvan E. Small, M. D., of Philadelphia, was elected General Secretary.

William P. Esrey, M. D., of Philadelphia, Provisional Secretary, and S. R. Kirby, M. D., of New York, was re-elected Treasurer.

In the absence of Dr. Kirby, W. Williamson, M. D., of Philadelphia, was requested to act as Treasurer pro tem.

Through Jacob Jeanes, M. D., the Central Bureau made its annual report, which was read, and laid on the table for further consideration.

F. R. McManus, M. D., of Baltimore, Chairman of the Committee on Elections, reported the names of Joseph Hark, M. D., Anthony Zumbrock, M. D., and Daniel R. Gardiner, M. D., of Philadelphia; E. Bently Hull, M. D., of Bridgeton, N. J.; Wm. W. Rodman, M. D., of Waterbury, Conn., and Harry Tyson,

M. D., of Worcester, Pa., for membership, who were unanimously elected.

Reports were called for from Edward Bayard, M. D., on Blisters and other External Irritants; from J. F. Gray, M. D., on the Translation and Publication of Hahnemann's Materia Medica Pura; from R. A. Snow, M. D., on the Employment of Water as a Therapeutic Agent, but no reports were made as the several physicians called upon were absent.

No report was made from the Treasurer, Dr. S. R. Kirby, he, too, being absent.

Walter Williamson, M. D., of Philadelphia, Chairman of the committee, appointed at the last session, to ascertain if the name of the American Institute of Homœopathy had been employed by any local society in an improper manner, reported that no instance of the kind had come to the knowledge of the committee as occurring within the jurisdiction of the Institute.

A report was received from the Secretary of the Massachusetts Homœopathic Fraternity, which was accepted, read and filed.

The following questions were propounded to the various branches of the Institute, with a request that answers would be forwarded to the General Secretary in ample time for the next annual meeting:

Of how many members does your branch consist?

What extent of territory does your branch include?

Has the Asiatic cholera visited your section the last year?

Has epidemic dysentery prevailed, and what remedies have been most successfully employed in these diseases?

J. F. Flagg, M. D., of Boston, Chairman of the Committee on Anatomical Nomenclature, reported progress.

A committee to draw up a report on the subject of cholera was appointed, consisting of W. Williamson, M. D., A. Leon, M. D., and G. W. Swazey, M. D.

The Institute then adjourned to meet again at eight o'clock, to hear the annual address by B. F. Joslin, M. D., of New York.

In his address Dr. Joslin referred to the importance of the general adoption of the new principle in therapeutics known as Homœopathy, and the total revolution which it was affecting in medical practice, and the importance of the increase of the average duration of life by years.

Leaving out the great mass of experimental evidence by which the system had been established, gaining for itself such a high

rank among the sciences, he mainly considered the new method of determining the remedy.

He said that the law of cure should show such relation between the disease and its remedy that the examination of the former should enable us to point out the latter. During the existence of a disease certain phenomena are present, recognized by observation, which are not noticed in health, and these are called symptoms, and these symptoms must necessarily enter into both the indications in proving the medicine as well as those which are shown by the action of the disease.

He referred to the obstacles which post mortem phenomena alone, in provings in toxicological cases, presented for the purpose of prescribing.

The results of a disease on the living body form themselves into a series of effects which go to constitute the malady, the same as symptoms are classified in the proving of a remedy.

Dr. Joslin then laid down five steps in the problem of determining the remedy which theory infers is the proper one for selection.

First, the groups of symptoms must be noticed.

Second, one must obtain the properties of the malady which are in immediate contact with the properties of the medicine.

Third, he must determine what occult action a remedy produces in order to remove those of the disease.

The fourth step is to pass from these occult properties to the obvious properties of the remedy to determine the action a remedy evinces, in order that it may excite the requisite occult action.

In the fifth step comes the determination of the medicine that will produce the obvious action which the theorist has inferred to be requisite.

He then gave an illustration of homœopathic action likening it as being similar to a hydraulic engine throwing out jets of fluid in different directions, from different orifices, which represented the human body in emitting the vital energies.

He closed his address by alluding to those members of the Old School who stated that they had made an examination of Homœopathy and its principles and had found them untrue. He doubted any such trials, with failure resulting, ever having been made. In the first place, they had repeatedly taken and administered a variety of our potentized medicines, in small doses,

without observing any symptoms whatever, and when tried upon the sick had not noted the removal of any of the symptoms present.

It was also implied in the second place that the number of doses and their magnitude had been such as to produce various symptoms which differed entirely from those recorded by Hahnemann and his followers; and thirdly, that many drugs known to have the property of producing many observable effects, when given in small doses, at known intervals. in no way produced any beneficial results upon the patient.

Dr. Joslin concluded his remarks by stating that the first set of experiments would verify the efficiency of the smallest doses of Hahnemann; that the second class would verify his Materia Medica, and that the third class would assure the accuracy of the law of cure. This he believed to be the only law on which to prescribe, and to those who have verified it no theoretical defence is required, as their convictions, as to its efficacy, have been established.

A large and appreciative audience listened most interestedly to Dr. Joslin's address, and at its close the thanks of the Institute were tendered him and a copy solicited for publication.

On Thursday morning the Institute met for its second session, when the minutes of the previous day's session were read and approved.

F. R. McManus, M. D., of Baltimore; C. Whitehead, M. D., of Harrisburg; B. F. Bowers, M. D., of New York; David Osgood, of Boston, and E. Clark, M. D., of Portland, Maine, were appointed a Committee on Elections.

Constantine Hering, M D., Jacob Jeanes, M. D., C. Neidhard, M. D., W. Williamson, M. D., and J. Kitchen, M. D., all of Philadelphia, were re-appointed to constitute the Central Bureau.

The Committee on Cholera reported progress, and were continued to report at the next annual meeting.

Drs. Small, Jeanes and Swazey were appointed a committee to receive all communications intended for the Institute, to report upon the same and to recommend the printing of such articles as would promote the interests of Homœopathy.

An exceedingly able article on Material, Mental and Moral Hygiene, by Dr. J. H. P. Frost, A. M., a student of medicine, was received. Being late and of some length, it was not read,

but preserved among the valuable papers of the Institute for future use.

The Institute directed that a copy of its proceedings, also a copy of Dr. Joslin's address, be furnished to Otis Clapp, of Boston, for publication in the Homœopathic Quarterly.

The thanks of the Institute were presented to Dr. Samuel Gregg for the patient and just manner in which he had presided.

It was decided to meet in Albany, on the second Wednesday in June, 1850.

Before adjourning A. E. Small, M. D., of Philadelphia, was appointed to deliver the annual address at the next meeting, and G. W. Swazey, M. D., of Springfield, Mass., was selected as his substitute in the event of Dr. Small being unable to be present.

The Seventh Annual Session.

The Seventh Annual Session of the American Institute of Homœopathy was held in City Hall, Albany, Wednesday, June 12, 1850. Edward Bayard, M. D., of New York, was unanimously elected Chairman of the Session.

A. E. Small, M. D., of Philadelphia, was re-elected General Secretary.

G. W. Swazey, M. D., of Springfield, Mass., was elected Provisional Secretary, and S. R. Kirby, M. D., was re-appointed Treasurer.

Frederick Vanderburg,	M. D.,	New York,	N. Y.,
George Beakley,	"	"	"
Horace M. Paine,	"	Albany,	"
Durfee Chase,	"	Palmyra,	"
Geo. T. Foote,	"	Syracuse,	"
David Springsteed,	"	Albany,	"
Simeon A. Cook,	"	Troy,	"
Frederick Humphreys,	"	Utica,	"
G. W. Bigler,	"	Hagerstown, Md.,	
Elias Foote,	"	New Haven, Conn.,	
William Peck,	"	Cincinnati, Ohio,	
J. K. Clark,	"	Worcester, Mass.,	
Henry Cole,	"	Pittsfield,	"
John Wheeler,	"	Cleveland, Ohio,	
Benjamin Ober,	"	Wilkesbarre, Pa.,	
Washington Hoppin,	"	Providence, R. I.,	
Benj. F. Cornell,	"	Moran Sta., Saratoga Co., N.Y.,	

were elected members of the Institute by unanimous vote, having been endorsed by the Committee on Elections.

Dr. Flagg, Chairman of the Committee on Anatomical Nomenclature, offered a report of the first outlines of Topographical Anatomy, which was accepted with the thanks of the Institute for his careful attention to its preparation.

W. Williamson, M. D., Chairman of the Committee on Cholera, verbally reported that all they had prepared in reply was embodied in the report of the Philadelphia Branch, which was presented by that body to the Institute. The Committee was therefore relieved and the report accepted.

Jacob Jeanes, M. D., read the report of the Philadelphia Branch and presented letters upon Cholera from Drs. Walter Williamson, Jacob Jeanes, Joseph Berens, C. B. Matthews, Richard Gardiner, James Kitchen and Wm. S. Helmuth.

The Committee on the Translation of Hahnemann's "Materia Medica Pura," having made no progress toward the desired results, was discharged from farther consideration of the subject, on motion of Jacob Beakley, M. D.

The report of the New Jersey Branch was accepted, together with letters from J. B. Petherbridge, M. D., of Trenton, and J. R. Andrews, M. D., of Camden, giving their experience in the treatment of Cholera.

The decease of R. A. Snow, M. D., did not prevent the receipt of his report upon "Water as a Therapeutic Agent," which was obtained from his widow.

The paper was exhaustive in its consideration of the subject, and in a manner seemed to contain a slight touch of humor; he had closed his article with the statement that the artificial manner in which people live and the diseases to which it led made it practicable to use water as a medicine with favorable results.

At the afternoon session the regular order of business was resumed, and the standing committees appointed.

F. R. McManus, M. D., of Baltimore; B. F. Bowers, M. D., of New York; C. Whitehead, M. D., of Harrisburg; David Osgood, M. D., of Boston, and E. Clark, M. D., of Maine, were re-appointed the Committee on Elections.

Drs. Hering, Williamson, Jeanes, Neidhard and Kitchen were re-appointed to constitute the Central Bureau.

A. E. Small, M. D., Jacob Jeanes, M. D., and G. W. Swazey,

M. D., were re-appointed the committee to which all communications for the Institute were to be referred.

C. Vanderburg, M. D., of New York City, read a paper before the Institute (subject not mentioned), for which he received the thanks of the society.

On Wednesday evening a large audience of ladies and gentlemen met with the Institute to listen to an interesting and very able address by A. E. Small, M. D., of Philadelphia, to whom the thanks of the Institute were afterwards presented.

The address was a most complete and consistently comprehensive description of Hahnemann's medical theories, with proofs gathered from drug provings from the natural sources of plant life. He also spoke of the action of Nature in dispensing her life-giving principles and the very small beginnings from which grand enterprises have sprung from time to time.

The hopeful predictions of Dr. Small, regarding Homœopathy, were based by him upon the same foundation of natural dynamics which gave strength to the development of the compass, the steamboat and the telegraph.

The doctor's hopes have scarce been realized yet, but our noble enterprise is becoming more extended and more firmly established each year.

After referring to the medical events of the past year and the opportunity of again exchanging friendly greetings, he said the object of the Institute was the improvement of the science of medicine; that the temple of true medical science rested upon the rock of eternal truth; that the darkness of the gloomy night had passed, and the influences of the morning, now dawning upon our profession, were being realized.

He claimed that the discovery of Hahnemann would serve as the foundation for the rearing of the true temple of medical science. Hahnemann's predecessors were industrious in anatomy, physiology, chemistry, botany, surgery and obstetrics, but they had no guiding therapeutic law, such as Hahnemann had given us.

Although Hippocrates and other older writers had referred to this guiding principle, it was left to Hahnemann to bring it to light and reduce the practice of medicine to a science.

Dr. Small then referred to the well known maxim of Nature's law of cure and its applicability to all curable diseases, and held that those who adopted Homœopathy were no more sectarians

than those who adopted Newton's laws, determining the movements of the heavenly bodies.

He claimed that the history of medicine, up to Hahnemann's time, was that of opinions, revolutions and sects, but the time had arrived for the unlocking of the seals and bringing to light the great truths which Hahnemann promulgated, thus establishing this now well known positive therapeutic science.

He said that the mere development of the law of cure was not sufficient to ensure its triumph over former errors and superstitions. It was only the foundation upon which to build and he appealed to the profession for their industrious aid, claiming that every one was solemnly charged with the duty of adding a stone in the construction of this medical temple, and urged the whole profession to lend their aid by contributing to the Materia Medica.

Homœopathy rests upon facts recorded by thousands of observers, and addresses itself to the vital forces—forces which generate either health or disease.

It is necessary to observe the action of the remedy upon the living healthy organism, in order to discover the effect of the remedy and the compounding of remedies should be avoided.

He spoke of the principle of vital dynamism, which he said was recognized by the erudite and critical observers of Nature, and stated that the vital forces create, preserve, produce disease and pain, and in order to complete the circle we must not refuse to add the dynamic therapeutics.

He summed up the science in six principles. First, that each medicine must be prepared by itself, with the greatest care. Second, that to prove a medicine it must be given uncombined with any other medicinal agent. Third, that the symptoms produced upon the healthy are the only means for a perfect rule by which to administer a remedy to the sick. Fourth, that a disease is an interruption of the vital forces, which can only be overcome by forces as inappreciable as those producing the diseased action. Fifth, that only one remedy must be given at a time; and, sixth, that medicines must be sufficiently attenuated to administer upon the *similia similibus* principle so as not to produce an unnecessary aggravation of symptoms.

On Thursday morning, the minutes being read, Wm. E. Payne, M. D., offered a resolution which was unanimously carried, "That candidates who may hereafter be admitted to mem-

bership of the American Institute of Homœopathy, who have received a diploma from some regularly established medical college or institution legally authorized to confer such degrees, shall have the title M. D. affixed to their names in all publications of the Institute; and all who have not such degree of Doctor of Medicine, but are eligible to membership according to the seventh article of the By-laws shall have prefixed the title of Dr., and the Committee on Elections is hereby instructed to so report their names to the Institute."

On motion of G. W. Swazey, M. D., the report made by Wm. E. Payne, M. D., on the "Employment of Emetics and Cathartics," which was read at a previous meeting, was published as part of the present proceedings of the Institute.

Dr. Foote was appointed a Committee to revise the rules of order, so far as they relate to the order of business, and to report at the next meeting of the Institute.

Drs. Kirby, Beakley and Neidhard were appointed a Committee to procure the translation of Hahnemann's "Materia Medica Pura" into the English language, without holding the Institute responsible for the expense of the translation.

Drs. Barlow, Kirby and Small were appointed a Committee to report upon the Asiatic Cholera.

A resolution was carried which was offered by Dr. Ward, "That, in the opinion of this Institute, all methods of arriving at the curative properties of a drug, except by means of its pathogenetic effects, are uncertain."

Dr. Bowers moved the adoption of a resolution, which was carried: "That in the death of R. A. Snow, M. D., John Taylor, M. D., Albus Rea, M. D., Moses Atwood, M. D., George W. Cook, M. D., and others, we deplore the loss of highly esteemed and efficient co-laborers in the work for which we are associated."

The thanks of the Institute were presented to the Common Council of Albany for their kind courtesy in allowing the use of their City Hall, and to the Homœopathic physicians of the city for their politeness and attention during the meetings.

On motion of F. R. McManus, M. D., the editors or publishers of the several homœopathic periodicals in this country were respectfully invited to publish the proceedings of the session and the address of A. E. Small, M. D.

It was also moved and carried unanimously, that the proceedings be published in pamphlet form and a copy be sent to each member.

G. W. Swazey, M. D., of Springfield, Mass., was appointed to deliver the address at the next annual meeting. The Institute adjourned to meet on the second Wednesday in June, 1851, at New Haven, Conn.

AFTER SURGERY HAD DONE ITS BEST.

The Sequel.

Editor of the HOMŒOPATHIC RECORDER.

When, a little time since, I responded to your request to present to you some cases typical of homœopathic cures I thought over the matter rather carefully, and came to the conclusion that it would be useless to attempt to report any case which could emanate from a person not well known and, if possible, not prominent in social life. I, therefore, sent to you the cases which appeared in your November RECORDER of cures wrought in people well known, politically and socially—cures which had been thoroughly examined and upon whom opinions had been given by surgeons distinguished for their learning and for their high standing in the community.

The cases which were presented to you were both of them examined by me, and the treatment was under my supervision and also that of my son, Dr. Paul Allen.

In the case of the lady, who is a Spanish lady of good birth, owning large estates in Cuba, a lady whose means are abundant, who could command the best medical and surgical skill in the world, and who did command it, in whom the diagnosis was to my mind clearly and accurately made, who consulted not less a personage than Professor ———, of a great University in the City of New York, a distinguished author and professor, and on account of whose diagnosis the various operations were performed. His opinion was given unhesitatingly, after most careful examination; the operations were performed by the most distinguished surgeons, were performed in the most expert manner, and, in spite of these operations, the disease repeatedly returned, exactly as prophesied by the distinguished expert who had been consulted. An ex-surgeon of the United States army had pronounced the case hopeless, had pronounced further surgical interference utterly out of the question, and I myself was asked to give advice. My son, Dr. Paul Allen, repeatedly saw the case

at her house and later at my office. She was suffering, as has been stated, with cerebral symptoms, threatening disorganization of the brain, probably hæmorrhage, and it was recognized that the disorder was, in all probability, the result of a malignant disease, and no other opinion could be given except to concur in the opinion of the distinguished specialist in histology, *that*, as had been feared, *it was the return of the malignant sarcoma.*

Indeed, the last recurrence of the disease (on the arm) was even then apparent. The flesh of the forearm was swollen, infiltrated, the lymphatics angry and inflamed, and the glands of the axilla inflamed and painful, and, taken with the previous history of the case, left no doubt in my mind, or that of the preceding surgeon, of the malignant character of the growth, which had, for the third time, attacked and threatened her life. There only remained the advice which was given, and which so far as I knew, or could at that time know, *could have no essential bearing upon the sarcoma.* My opinion was based upon the necessity of prescribing for the cerebral symptoms, and for the symptoms of the fever which had recurred. The symptoms were essentially these, that about 10 or 11 o'clock in the forenoon, the fever would begin to rise, the distress in her head would increase (the temperature increasing to about 104°), associated with vertigo, loss of co-ordinated movements, increase of stupor, heat of the head, and entire absence of thirst, to be followed about 12 to 1 o'clock by slow subsidence of the fever, so that by afternoon or evening she became greatly relieved, the fever would almost entirely disappear, and before nightfall she would be able to lie down in bed and sleep; but the attack would recur on the following day at about 10 or 11 o'clock. This recurrence had taken place so regularly that the only remedy necessary to prescribe with any hope of success was *Gelsemium*, which it was advised to administer in the sixth dilution in half a glass of water; so, accordingly, a powder was prepared, containing a few pellets medicated with the sixth centessimal dilution, and this powder was directed to be dissolved in a half glass of water and a teaspoonful taken every hour until the fever disappeared. Then to discontinue the remedy until the temperature should begin to rise next morning; then to resume the remedy and continue it throughout the next period. It was said at the time that though there was no hope held out, it seemed to be the only possible way of checking the periodical rise of temperature. The effect

was as marvelous and unlooked for as could well be imagined. The next day the temperature did not rise above 101°, and on the third day the rise of temperature disappeared entirely and the patient felt well, and, indeed, within a week she seemed to be entirely cured. Within two weeks after that time the lady herself came to my office and showed me the malignant growth on her arm, which was very much less angry, and which finally dried up and dropped off, leaving a smooth surface, which was the end of that. The lymphatic glands became less and less inflamed, the tenderness disappeared, dresses could be worn with comfort, and that was the end of those symptoms. The vertigo in the head disappeared with the fever, she lost her stupid look and actions, her appetite returned, and these symptoms entirely disappeared. Within a few weeks the lady was out driving, and after three years there has been no return of any of these symptoms and she seems to have recovered so far that she feels perfectly safe in spending the winter on her estates in Cuba.

All the medicine that was given her was half a dozen powders of *Gelsemium* in sixth dilution, as mentioned. No other medicine has during the space of three years been administered for any purpose whatever, nor does any medicine seem to be required.

This, I think, is by far the most brilliant and most wonderful result of pure, straight, unmitigated Homœopathy that it has been my lot to witness. Instead of producing the slightest impression upon the mind of the celebrated Professor of Histology, I have been told that when the cure was brought home to him, and he was asked why the operations had been advised and what he thought of the result, his simple reply was that he thought, after all, he had made a mistake in diagnosis.

So, in reply to the various inquiries which have been made as to what I consider the diagnosis, I can only say in the words of the distinguished expert, *written and treasured by the lady and her family*, that it was a case of malignant recurring sarcoma. I can make no other diagnosis. It does not matter, really, what the diagnosis was, something was the matter with her that, in the best judgment of the surgeons, required very extensive and very careful excision or extirpation of the lymphatics of the arm and both legs, and the disease continuing to recur and attacking the brain compelled an unfavorable prognosis. The cure was simply a homœopathic cure; it was based upon pure symptomatology, *Gelsemium* was the only possible remedy to prescribe, it was the

only possible chance of life the lady had; no other system of treatment could have been possible. No other system of therapeutics would have cured the lady, and I myself am quite satisfied with the results of Homœopathy.

Second Case—Cancer of the Tongue.

In the second case, that of a distinguished lawyer of this city, who was attacked by carcinoma, or possibly by epithelioma of the tongue, I wish to say that the gentleman referred to was a prominent lawyer, engaged to be married, and had been condemned either to death (or what to him was worse than death, mutilation and the loss of his tongue) by several of the most distinguished surgeons in this city. The case is not an obscure one; by his own distinguished position (made later even more distinguished by his political course in life), the surgeons equally distinguished, necessarily cautious and hesitatingly urging the operation—removal of his tongue—as the only possible means of saving his life.

I may say that his case excited the widest and most pronounced interest among a large circle of acquaintances in this city, and when my advice was sought it was very hesitatingly given, namely, *not to submit to the operation*, for possibly I considered there might be a chance of arresting the progress of the epithelioma of the tongue by medicine and I hesitated because the weight of distinguished authority was against me. However, my advice was taken, and even then, as may be imagined, I took charge of his case with great hesitation, feeling that if I did not succeed the man's life was at stake, but recognizing that if I could succeed, as I hoped to, his future happiness and success in life would be assured.

When first I saw the man and examined his tongue it seemed as though through the centre of the swollen tongue a hole had been bored with elevated and indurated margins. At first I thought the case was syphilitic, possibly, but after the most rigorous investigation I came to the conclusion that there was no syphilitic taint in the man, as the events proved, and my prescription of *Phosphorus* was based partly on the fact that, associated with the most marked pharyngeal local indications, which it is unnecessary to detail here, but which can be found in any Materia Medica, he was suffering from a pronounced depression of mind, which, perhaps, was not unexpected in the case of

a young man who had every prospect, not only of a brilliant partnership in business, but in life, but at the same time the symptoms of *Phosphorus* were very well marked, both from the physical and mental aspect. *Phosphorus* was prescribed in the sixth centesimal dilution in liquid. A few pellets were moistened with this solution, and the patient was instructed to take a pellet every four hours. Of course, I saw the man frequently—sometimes two or three times a day, but I never changed his remedy. It acted kindly from the very first day. The malignant look of the tumor slowly decreased, his general health and spirits and mental poise improved to such an extent that within a year he was able to get married, as he had proposed to do in case he improved, and has since entirely recovered.

This case also was entirely cured by virtue of Homœopathy; by virtue of a single remedy carefully and accurately prescribed, according to the symptoms local, mental and physical, which presented themselves. I may be pardoned in adding a word to the cases above recited

First: That the homœopathic cure based upon symptomatology, based upon the diagnostic talents of the highest order (for this man had the most expert consultants to be had in New York city) ought to carry some weight with it. I may be pardoned in referring to a case which attracted the attention of Prof. James C. Wood, of Cleveland, and was referred to in his address to the American Institute of Homœopathy two years ago. That of the cure of a lady suffering from *progressive muscular atrophy;* a case well vouched for from a diagnostic point of view, a case fully detailed by him, the method of treatment carefully illumined and the method of selection of a remedy also carefully given. The case and the cure of it required an equally thorough investigation and careful prescription, and which, it seems to me, should be fully as convincing as either of these cases which I have detailed to you.

Now, the ability to make such cures rests entirely upon the law of Homœopathy.

Personally, I ask for nothing more. There is no system of medicine in the world that can make such cures. The history of medicine, so far as I can read it, offers no approach to Homœopathy in the method of cure. There is, to my mind, nothing beyond—certainly nothing since the days of Hippocrates, and as I study Therapeutics my whole life comes to be more and

more bent upon the investigation and the results offered to us by the Materia Medica which has been left to us to be perfected by Hahnemann.

It has been said that the Homœopathic School has been paying but little attention to the perfection of instruments of precision, to the investigation of pathology or to chemistry. The method of Hahnemann has done, at least, one thing which has not been accomplished by any body of men since the world began. It has investigated, and it has added to a Materia Medica such as the world has never seen, which is itself the crowning glory, and in comparison with which the rest of the investigations of all the physicians of all the schools of learning and of all the scientific men in the world sink into insignificance. I would rather have one line of Hahnemann's Materia Medica than all the volumes that have been written on Histology; than all the investigations that have been made in Pathology, in comparison with which they are all insignificant.

TIMOTHY FIELD ALLEN.

3 E. 48th St., New York City, Nov. 26, 1900.

PEDIATRIC MATERIA MEDICA.

Hepar Sulphuris.

By Thomas G. Roberts, M. D., Chicago.

Before considering the symptoms of this remedy that are especially applicable to the diseases of children, let us look at some of its grand characteristics.

One of the most marked peculiarities of *Hepar* is oversensitiveness of the nervous system, consequently the patient is oversensitive to *touch*, *pain* and *cold air*. The mental irritability is as great as the physical, hence he is ill-tempered, being much irritated by trifles. There is a tendency to suppurative conditions as boils, felons, abscesses, etc., and also to the productions of ulcers. In all suppurative and ulcerative conditions there is great *sensitiveness to the least touch* and to *draughts of air*. *Sticking or jagging* in the felon, abscess, or inflamed tonsils.

Ulcers feel as if sticks were in them. Unhealthy skin; *every little injury suppurates*. It also causes suppurations about foreign bodies.

Fainting from the slightest pain. Desires strong tasting things, as acids and the like.

Catarrhal conditions abound everywhere, but especially in the *nose*, *ears*, *throat* and *larynx*, the discharges being generally thick, yellow and offensive. The discharges from all parts of the body sometimes *smell like old cheese*. Sour discharges are also highly characteristic of this drug, Even the discharge from the ulcer may smell sour. The perspiration is sour, and may be profuse day and night without relief. This is especially applicable to patients who are suffering from the abuse of *Mercury*.

Mind. The child does not laugh, and is not inclined to play or to amuse itself in any way. *Extremely peevish;* angry at the least trifle. *Wrathful irritability.* Hasty speech and hasty drinking.

Inner Head. Traumatic cerebritis, in infants and children, with trismus or convulsions. In some cases preferable to *Arnica*.

Outer Head. Cold, clammy, sour smelling perspiration, mostly on the head and face, with aversion to being uncovered; worse from the least exercise, and during night; better from warmth and when at rest.

Moist eruption on the scalp, with fetid odor, and itching violently on rising in the morning; burning and feeling sore on scratching; scabs easily torn off, leaving a raw, bleeding surface. The eruption spreads by means of *new pimples* which appear just beyond the main disease, and finally coalesce with those which came first. Eczema capitis.

Eyes. Purulent conjunctivitis with profuse discharge, and very great sensitiveness to touch and cold air.

Ophthalmia neonatorum when the cornea is affected; lids swollen, spasmodically closed, bleeding easily on any attempt to open them; great chemosis and photophobia; profuse discharge; *throbbing, aching pain better by warmth, worse from the slightest touch and from any draught of air, little pimples surround the diseased eyes.* Protrusion of the eyes in croup.

Nose. Acute coryza, in scrofulous and rachitic children, when the nose is red and swollen with loss of smell and scabby formations in the nostrils. The air passages are markedly affected, and there is hoarseness and a *loose, croupy cough*, with rattling in the upper part of the wind-pipe. It is especially indicated when the catarrh is renewed by every breath of wind, or when it affects only one nostril and there is headache aggravated by every movement.

Chronic coryza, in scrofulous cases, when the patient is very

sensitive and *easily chilled* by the slightest draught of air. The nose is swollen and painful like a boil, and the nasal bones are painful to touch. The discharges are thick and pus-like, and sometimes tinged with blood. Especially useful if *Mercury* has been abused.

Upper Face. Crusty pimples on the faces of young people.

Lower Face. The upper lip is greatly swollen and painful to touch, but, otherwise, only tense.

Teeth and Gums. During dentition the gums are *ulcerated* and *very tender* and painful. The child is troubled with a *dry herpetic eruption*, which often appears in the bends of the forearms, on the arms, or on the face or scalp. The itching is the cause of much annoyance. In addition to the eruption, a *whitish, sour-smelling diarrhœa* often prevails. The foregoing symptoms are aggravated at the approach of every fresh group of teeth. Traumatic cerebritis.

Inner Mouth. White, aphthous pustules on the inside of the lips and cheeks, and on the tongue; the base of the ulcer resembles lard.

Appetite. Longing for *sour* and *strong-tasting things.* Hasty drinking and hasty speech.

Stomach. Stomach inclined to be out of order; cannot digest food well, no matter how well selected it may be.

Abdomen. Colic, with dry, rough, pimply, itching eruptions.

Stool. The child has a *sour smell and white, fetid evacuations;* undigested stools; the child's stomach symptoms seem to be better after feeding. The stool may be green or greenish, slimy, clay-colored, light yellow, fecal, black, thin, or papescent; but the odor is almost invariably sour or fetid, sometimes smelling lik *rotten eggs.*

Green, slimy, sour diarrhœa in children, with excoriation of the anus.

Diarrhœa during the day, and particularly during the morning, worse after eating and after drinking cold water; with colic; with every cutting of teeth.

Cholera infantum, complicating dentition, with morning aggravation.

Marasmus of children who have diarrhœa worse in the daytime, and after eating, with the peculiar sour sweat and stools.

Inactivity of the bowels, the soft stools being evacuated slowly and with effort. *Light-colored stools with enlargement of the liver.*

Stools hard and dry, especially with an eruption in the bends of the elbows or in the popliteal spaces.

Very important is the *sour odor of the stools and perspiration.* The most prominent remedies for sour stools are *Mag. carb.*, *Calc. ost.*, *Hepar* and *Rheum.*

Larynx and Trachea. Cramp after exposure to *dry, cold wind,* with swelling below larynx; hoarseness and rattling of mucus, which the child is unable to get rid of, but there is little or no difficulty in breathing; great sensitiveness to cold air; red face, high fever. Sensation of internal swelling, or as if a fish bone were in the throat, when swallowing. An aggravation of symptoms may take place before midnight, but the most characteristic aggravation is *after midnight or toward morning.*

Diphtheritic croup with very *great swelling* of the *glands* of the neck. Very great dyspnœa. A *little* rattle accompanies the croupy cough; *child sweaty and weak.*

During dentition, light attacks of croup.

Violent attacks of croup after influenza; anxious sawing metallic cough, restless, tossing back of head

Violent recurring attacks of croup as if suffocation or vomiting would ensue.

The child lies with the head thrown back, mouth open, eyes protruding and face bluish red; very great anxiety and dyspnœa; unable to speak; grasps at the larynx; body bathed in sweat.

Hepar is sometimes adapted to croup with dryness of larynx and respiratory passages, whistling respirations, dry cough, with ineffectual retching; but the typical patient suffers from a *deep, rough, rattling, choking cough,* which is much worse after midnight or *toward morning.* The child is *hoarse,* and *chokes with every coughing spell;* in other words, it *coughs into a choke.* The *slightest uncovering,* even of the hand, induces a spell of coughing. The skin is damp from perspiration.

Croup, with dryness of larynx and respiratory passages, usually calls for *Aconite* or *Spongia.*

Hepar is very frequently indicated after *Spongia,* and sometimes after *Aconite. Hepar* needs to be given with caution, even in late cases of membranous croup, for it is liable to *lessen the secretion of mucus,* render the cough dry and tight, and increase the difficulty of breathing. If such a condition should ensue from the injudicious use of the remedy, it is often advisable to administer *Spongia.*

The presence of mucus, after the administration of *Aconite* or *Spongia*, is often simply a *sign of improvement* and frequently does not call for the use of any remedy.

Hepar is not often indicated when the skin is hot and dry. The child is usually *sweaty and weak* when this medicine is specially indicated. It should be differentiated from *Kali bich.* and *Bromium*, both of which are rarely indicated when much fever is present.

Cough. The child cries when coughing. *Croupy, hoarse, rough cough* from exposure to *dry, cold wind.* Croupy cough without expectoration, but with *rattling* in the chest.

Rattling, choking, suffocative, moist cough, worse toward morning and after eating. Cough worse from evening till midnight. Cough with expectoration during the day, no expectoration at night. Whooping-cough when complicated with croup; the cough sounds croupy, and it seems as if the patient would *choke* with the cough; or choking cough without having a croupy sound; worse toward morning.

Cough when any part of the body is uncovered.

Inner Chest and Lungs. The infant suffers from constant *rattling* and mucus in the chest, *threatening suffocation* at times. Chronic hepatization of the lungs with tendency for chest and head to perspire.

Lower Limbs. Hip disease in suppurative stage; patient wants to be warmly covered. Caries of hip-joint.

Rest. The child unconsciously throws itself about.

Nerves. Convulsions caused by excessive pressure on the brain during delivery. Trismus of new-born babes.

Sleep. Sleepless after midnight; violent starts when falling asleep, with fear of suffocation.

Temperature and Weather. Great chilliness in open air; *cannot bear to be uncovered;* coughs when any part of the body is uncovered.

Ailments from dry, cold wind. Child *better in damp, wet weather.* The sufferer from hip disease wants to be warmly covered.

Fever. Anasarca and convulsions after scarlet fever. Scarlet fever *with dropsy; albumin in the urine;* bloated face; convulsions; nosebleed. Anasarca and ascites after scarlet fever; urine suppressed; tongue clean; convulsions followed by vomiting; fully developed dropsy from Bright's disease.

In scarlatina, croupy inflammation of nasal mucous membrane; parotid and submaxillary glands swollen; cylindrical tubuli and traces of albumin in urine, which is early decreased in quantity.

Measles, with *rattling* in chest, with a *choking* and *croupy cough*, which is worse after midnight or in the morning.

Cold, clammy, sour or offensive smelling sweat. *The least exertion causes sweat.*

Tissues. The child looks plump, but the flesh is flabby. The digestion is weak and the child is intolerant of pressure about the stomach after eating, but food for a time relieves the debility.

Stools green, watery, undigested, or white, sour smelling and painlesss; worse during the day.

The glands are swollen and the child is subject to catarrhs from the least draught of cold air. Eczema, worse in the morning, when it itches, burns and smarts.

After scarlet fever anasarca with boils in the hairy scalp; albumin in the urine; submaxillary glands and tonsils enlarged. Sometimes prevents dropsy after scarlet fever, if given as soon as traces of albumin are found in the urine.

Child smells sour and has white, fetid evacuations.

Skin. Constant offensive exhalations from the body. Child smells sour. Slightest injury causes suppuration. *Skin moist, unhealthy, suppurating* and *sensitive to touch.* In *Sulphur* the skin is dry, itching, better by scratching and not sensitive to touch.

Miliaria when the eruption comes out in circles (*Sepia*). Urticaria with catarrh of the chest, head, etc.

Eczema, spreading by means of *new pimples appearing just beyond the main disease.*

Intertrigo which extends by means of pimples which arise just beyond the raw surface and become involved in the excoriation.

Syphilis neonatorum, when the mother has been poisoned by mercury.

Sclerus neonatorum with dry, pimply eruptions.

Constitution. Torpid, lymphatic constitution, lax fibre and light hair and complexion; slow to act. Ulcers, eruptions and parts affected *very sensitive to slightest contact.* Psora of children. Children strumous and *extremely* cross.

Relations. *Hepar* is antidoted by *Acet. ac.*, *Bell.*, *Cham.* and *Sil.* *Hepar* antidotes the bad effects of *Mercury*, *Iodine*, *Iodide of Potash* and *Cod-liver oil.*

Compare. *Alumina*, *Calc. ost.*, *Iodium*, *Kali. bich.*, *Merc. v.*, *Rheum* and *Sulphur.*

Aggravation. Cold air; uncovering; touching the diseased parts; eating and drinking anything cold; lying on painful side; abuse of *Mercury.*

Amelioration. General amelioration from warmth; wrapping up warmly, especially the head (*Psor. Sil.*); stomach symptoms after eating; in damp, wet weather (*Caust.*, *Nux*).

LOSS OF APPETITE AND ITS TREATMENT.

By Charles W. McIntyre, M. D.

The loss of appetite—anorexia—is a morbid condition which is very frequently encountered, and one which demands intelligent consideration at the hands of the profession.

Anorexia may be defined as a condition consequent upon loss of blood, anæmia, tubercular disease, and almost all conditions where the glandular structure of the stomach is impaired, or where there has been considerable drain on the general system.

In a practice covering over thirty years I can say that anæmia has been the most fruitful cause of loss of appetite. Anæmia, whether it be from loss of considerable quantities of blood, or from drain on the albuminoids, or, in fact, from any causation, is associated in its unfolding with loss of appetite to a greater or less extent.

Stomach diseases of all types are generally associated with a greater or less degree of anorexia, except gastric ulcer, and that often is associated with an appetite that is often almost insatiable.

It must be borne in mind that loss of appetite entails the deepening of those conditions which give rise to it, and its treatment is a matter of the greatest importance.

If the anæmic patient can be made to eat, we can rest assured that the systemic state which called the anorexia into being will speedily receive a curative quietus.

What can be done for these patients? For a considerable time the profession have depended upon bitter tonics to a large extent

in the treatment of this condition. This treatment could not be said to be rational because manifestly bitter tonics would act most prejudicially in some cases.

Their action on the stomach, which in some cases was good, would work injury by producing irritation. Again, these agents did practically nothing toward correcting the condition of anæmia, which is, to a large extent, responsible for loss of appetite.

Another remedy has been offered the profession for anorexia, which has in some quarters found favor is *Orexin,* This agent is open to the same practical objections that are offered to the employment of the bitter tonics, that its action is directly on the stomach. But it must be said that many good observers have declared *Orexin* to be inert. I have entirely failed to get any good results from *Orexin*, after giving it a good and fair trial.

The remedy I have found to answer my purpose best in treating anorexia has been *Physiological Tonicum* (Hensel). This agent more quickly overcomes the anæmia and gives tone to the system than any other remedy I have yet found. It is the rule for the appetite to improve rapidly after the remedy has been taken for six or seven days, and the patient feels a degree of invigoration which he has not experienced since his appetite had begun to decline.

The digestion, which is almost always impaired when anorexia is present, is greatly improved and in a short time is perfect—after *Physiological Tonicum* has been taken long enough to exert its tonic action.

Physiological Tonicum is not attended by the drawbacks which stand in the way of many remedies of this character. It is easily taken and does not exert any associated evil effects.

In all cases I insist on my patients taking the remedy until, by examination of the blood and the condition of the patient, we know the anæmia has ceased to be a factor.

A young woman applied to the office about two months ago for treatment of loss of appetite. In consequence of this she lost weight, and was very pale and weak. This condition she said had persisted since her recovery from an attack of malarial fever some months ago. I at once put her on *Physiological Tonicum*. A week later she reported to the office that she now could eat a reasonable meal three times daily. A week further employment of the *Physiological Tonicum* showed a remarkable change in the appearance of this woman. Her color, especially

her lips, which were pale when she began treatment, were now red, and her appetite was good and her digestion perfect.

Two weeks' further employment found this patient greatly improved in flesh, her strength and vigor were noticeable, and she was practically well.

A patient who had fallen from a street car platform and sustained a fracture of both femurs was, after the consequent confinement of ten weeks indoors and the pain, was now visibly anæmic and entirely without appetite. He was put on *Physiological Tonicum.* On regular employment of this remedy for two weeks this patient regained his appetite, and his anæmia was no longer a factor. As the anæmia in this case was somewhat decided, I think the recovery of this patient proof of the superiority of this remedy.

A girl aged seventeen was brought to the office by her mother, who said her daughter did not eat as much in a week as she formerly ate in a day. The girl I found to be chlorotic and I put her on *Physiological Tonicum* (Hensel), which she took continually for four weeks. At the end of this time she had a ruddy complexion, a good appetite, and her menses, which had been scanty and irregular, were now free and regular. She has now been attending school for three months, and enjoys excellent health.

An old gentleman whom I treated last summer for diarrhœa found himself weak, and without appetite after getting up. After he had failed to gain his strength to any extent for a month after getting up he applied for a tonic. He was given *Physiological Tonicum* (Hensel), and after taking this remedy for two weeks his appetite and digestion were good.

He left off the remedy and has since gotten on well.

New Albany, Ind.

A PESSIMISTIC VIEW—OLD SCHOOL "HEALING."

Translated for the HOMŒOPATHIC RECORDER from *Mittheiluugen f. Biochemi*, November, 1900.

We take from the *Gesunde Welt*, published in Naumburg, the following declaration of Prof. Dr. Schweninger, for many years the physician in ordinary of the late Prince Bismarck:

"The fame of the alone saving medical prescription is sunk to a low ebb. But few physicians at this date believe in cures by

their red, green and white medicines. That is worth noticing. We no more deceive ourselves. Still we keep on telling the laymen many things about which we ourselves make mock. What our predecessors supposed to be good we still proclaim as the Gospel, though we know that the message is a false one.

This lamentable state begins at the universities. Here where the manufacturers of science reside, the successes of chemistry are invented. When the clinic lecturer has with minute care dissected before his scholars a case of sickness, then at the conclusion of the exposition the farce of therapy begins. Only the connoisseurs recognize the comic element in the dignified persuasive heralding of a clinic fairy-tale.

The results of such an education are fine. After finishing his university course the student knows nothing of the art of healing. If he is an independent thinker he will develop his art of healing according to his own ideas. But such men are the exception. The physician generally remains on the level which he occupied when he was examined, and that level is a low one.

The crop of lies sown in the university becomes alive in practice. Custom so ordains it. It is usual to write prescriptions, why then object to it? It is a convenient method. We need only open a manual, and there we shall find: In this disease use the following drugs. If the physician is gifted with a good memory he may even do without the manual. All this is harmless as yet. But there are other methods which are not so clean. The patients will not come, unless you will supply them with magic drops. If they stay away your income will be low. The love of money and necessity will compel even medical unbelievers to write prescriptions.

Else the patient will not come. They want to be humbugged. They imagine that no cure is possible without medicine. We doctors have so long talked about the virtues of the apothecary's drugs that they at last believe in them. Every day we keep singing the praises of our pretended work. Every number of the medical journals brings recommendations of remedies, and there are even physicians who read them without laughing.

A certain physician who also prescribes without being a believer gave me a queer reason for his actions. Writing prescriptions, said he, is a psychical method of cure. The patient is comforted by the idea that he now has curative drops, and

this gives him the power to overcome disease. Still, truth is worth more than even a pious lie. It will carry you farther.

"*Ut aliquid fiat.*" (That we may do something.)

When the anxious mother calls in the doctor, because her child has bumped its head, or when the tippler shows the wise man his tongue, or the old maid complains about her cold, then the lips of the healer utter cunning words, and, "*ut aliquid fiat,*" he dips his pen to write the saving word. He knows very well that all these ailments will pass away of themselves. But he must not let them see this!

A little more serious is his declaration in typhus or in pneumonia. There is no remedy for these diseases but "*ut aliquid fiat,*" he writes his prescription in such cases with an air of double wisdom. And when the disease is passed, it was the medicine that helped; but if the patient dies,—the physician with his prescription has at least done his duty.

Then we have the troops of chronic patients. They often could be helped. But that would require trouble and reflection. It is easier to give them a prescription, "*ut aliquid fiat.*" Some change is occasionally made in the prescription; thus the patient sees that something is being done for him and is contented—contented at least until he perceives the humbug. Then he goes to another doctor to go through the same disappointment again, and so on until he grows embittered and calls in the surgeon.

Even the incurables are helped (?) by the ipse dixit of the healer. With anxious eye such patients follow the bold flourish with which the physician closes his prescription! Reverently they listen to the wise saws of their physician, confidingly force down the bitter draughts and they have no idea that their divinity after closing the door shrugs his shoulders and, satisfied with the benefit conveyed, says to himself: "*Ut aliquid fiat.*"

And so they hope on until death steps to their bed and breaks the magic vial in their hand. Their lustreless eye still cleaves to the medicine, and the faltering tongue still essays to utter thanksgivings to the physician; and we accept these thanks as the reward of our trouble. We do not feel the mockery of it. We did our utmost even to the end, and our utmost is "*ut aliquid fiat.*"

INTESTINAL CATARRH WITH CONVULSIONS IN CHILDREN.

By Dr. Berlin, of Guben.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. f. Hom.*, November, 1900.

On the 5th of May last I received a hurried call at 3 A. M. to the three-year old child of U. in this town, as the child was in a rigor and seemed to have convulsions. The child had spent the afternoon with her parents in the field, and had, as usual, played there merrily. In the evening the child did not show the usual appetite and asked to go to bed at 9 o'clock, which was different from her wont. The parents found that the child had a hot head, and thought that she had taken cold. The child went to sleep right away, but was very restless in her sleep, and this restlessness continually increased. Suddenly she raised herself in her bed and threw herself down with a loud cry. When the mother came to the bed, the child was rolling her eyes about, twitching with the face, the hands and the feet, so that it looked as if the little one was about to die; consciousness had left her. When I arrived I found the child lying on her side with closed eyes, while a slight twitching and trembling kept passing through the whole body; the limbs showed a certain rigidity and were moved with difficulty. The convulsions had evidently not wholly disappeared and the child was still unconscious. The bodily temperature, taken in the anus, showed 104.2 F. There was no cough and the respiration was not noticeably accelerated. What then was the cause of the convulsisns? Were they a result of the quickly rising fever? For we know that when fever rises quickly with children they are apt to have convulsions, while adults in such cases usually have a chill. But where was the focus of the inflammation indicated by the high fever? Did it show merely the consequences of a cold, or was there an organic disease? This question was difficult to answer, especially as the child still continued unconscious. My prescription was *Belladonna* 3, five drops every ten minutes. Compresses around the head, as cold as practicable, to be changed frequently, a lukewarm clyster, to be repeated every half hour until it proved effective, a half bath at 90° F. to be cooled off during its dura-

tion of ten minutes, until it reached 85° F. Then the child without being dried off was wrapped up in a bathing-sheet and laid in her bed, lightly covered. The first clyster was at once effective, being followed by a thin stool of horribly cadaverous stench, the evacuation containing a quantity of undigested lentils which the child had eaten for dinner. After her bath the little one became quiet, and the feeble twitches gradually ceased, the limbs were relaxed, and about 4 A. M. the child, still unconscious, passed into a quiet sleep, attended with a slight perspiration. She awoke about 9 o'clock, when the mother, busy in the kitchen, heard her call "Mother." Her consciousness had returned, and she appeared merry, as if nothing was the matter with her. She asked for a drink, and later for something to eat. In the afternoon I found the child playing in her bed, with a temperature of 101.3° F. I ordered her body to be wrapped in a wet sheet for three or four hours, and another wrapping in the evening. I allowed her to eat gruel and toast or a stale roll. Next day the child was up, without any fever and fully recovered.

CUTANEOUS DISEASES.

By Dr. Ernst Myssens.

Translated for the HOMŒOPATHIC RECORDER from *Journal Belge d'Homœopathie.*

The following observations were made in the polyclinic of the Hahnemannian Benevolent Association, where I have had the opportunity of observing a number of cases, from which I excerpt the following :

Psoriasis.

In this disease the remedies were given according to their special indications, being *Pulsatilla* 30, 200, and 1000, *Borax* 30, *Graphites* 30, 200, and 1000. External remedies were not given at all. Often the ailment disappeared after a considerable aggravation caused by the remedy.

I. A woman, twenty-one years of age, had been afflicted for several years with psoriasis guttata on the arms and legs. From July 28th to October 6th, 1898, she received *Borax*, then *Sulphur* up to February 3d, 1899. I was able to convince myself of her complete cure.

II. An unmarried lady, 36 years of age, had suffered for sixteen years from psoriasis on the forearms and on the lower limbs. The whole chest also was covered with spots. The hairy scalp was also seized by it, and the forehead also showed large spots of psoriasis.

The treatment began on August 1st, 1898. *Borax* caused a severe aggravation. *Sulphur* 200, of which three doses were given, caused a considerable improvement.

On October 6th the breast and the head were perfectly free from spots; but there remained a strong inclination on the head to form dandruff. On the forearm new spots kept forming. This tendency was diminished by doses of *Sulphur* and *Pulsatilla* given at long intervals. The patient is still under treatment to guard against a relapse.

III. A school girl, of 13 years, suffered from psoriasis on the knees and elbows. She began her treatment on February 13th, 1899.

Pulsatilla 30, 200 and 1000 produced a fearful aggravation. The whole body, especially also the forearms and legs are covered with spots which keep scaling off. The aggravation was successfully combated with *Borax* 30. Then *Pulsatilla* 30 and 200 produced a complete cure, which I was enabled to verify by inspection on Jan. 26th, 1900.

IV. A woman, aged 38, was suffering from psoriasis guttata. Her treatment began on July 26th, 1899. *Pulsatilla* 30, 200 and 1000, *Graphites* 30, 200 and 1000 overcame the ailment, which showed itself perfectly cured on November 29th, 1899.

Pruritus Essentialis.

I. A widow, 68 years old, a dealer in linen goods, had suffered from her childhood from an intolerable itching along the tibia. The skin of the legs had become hard and horny from scratching. The patient had received a single dose once a week from August 19th to September 2d, the medicine being *Suphur* 30, 200 and 1000. This caused an aggravation followed by a slight improvement. On September 27th she received *Graphites* 30. Seven doses given as above produced a frightful aggravation. A general cutaneous eruption developed; the hands were covered with scabs, the axillary glands swelled up.

Belladonna and *Mercur. sol.* 12 in alternation for 8 days assuaged these symptoms. Nov. 1st a dose of *Sulphur* 1000 was

again given. This was quickly followed by improvement and the patient presented herself fully cured on November 29th, 1898.

II. A saloon keeper, aged 51 years, had suffered since his youth from an itching of his legs, especially his right leg. On December 2d, 1897, he received a dose of *Sulphur* 1000.

On December 23d a dose of *Psoricum* 1000, later on repeatedly *Psoricum* 200 and 30; in conclusion he received *Sulphur* 30. On May 5th, 1898, he was perfectly cured.

Lupus Erythematosum.

A woman, 63 years old, came to my office on August 12th, 1898, with lupus erythematosum on her left cheek.

Sulphur 30 followed by *Arsenicum alb.* caused the spot to become paler. Beginning with August 30th she received *Arsenicum alb.* 3 for 14 days, causing aggravation with considerable itching. After the cessation of the remedy there was a steady improvement. She was fully cured by October 4th.

CASES FROM MY PRACTICE.

By Dr. Mossa, Stuttgart.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, November, 1900.

The two cases given here are reported especially on account of the rare and in part peculiar grouping of symptoms presented.

Case I. A married man, 26 years of age, a builder, had been afflicted eight days before he called on me with catarrh accompanied with symptoms of influenza. The catarrh had suddenly disappeared, and was succeeded by the following symptoms: A sort of spasm in the middle part of the œsophagus, so that everything he swallowed, whether liquid or solid, when it reached that place was arrested there and the patient had to press down and bend over before the ingesta could progress any farther. When this spasm of the œsophagus ceased, at once there appeared symptoms in the left ear; he had a sensation of fulness and pressure in the ear, accompanied with a rushing noise as of a torrent. The other symptoms were: pressure and oppression on the lower part of the chest, chronic catarrh of the throat with much expectoration of mucus (when a child the patient had had diphtheria several times); the tongue was coated, and there was but little appetite. Nineteen years before the patient, owing to

a fall, had a contusion of the cardiac region leaving palpitation of the heart, and probably also more serious sequelæ, for he was dispensed from military service owing to a cardiac ailment. There is still some hypertrophy remaining, the dulness on the border of the sternum is considerably augmented and the cardiac sounds are strikingly loud, so that they can be heard all over the thorax. The pulse is small and frequent. Connected with the rushing sound in the ear is also some vertigo and some uncertainty in the gait; the hearing on the left side is much weakened. An additional symptom is the pronounced grayish-yellow complexion.

Less on account of the physiological connection of the phenomena, which were not sufficiently perspicuous, than from the complex of the symptoms *Iodium* seemed indicated in the case and was given in the sixth dilution, five drops three times a day. The spasm of the œsophagus was first to yield, the morbid symptoms in the left ear continued for some time, from September 20th to October 5th. While the patient on the latter date, in cold weather, was proceeding to his business he was seized with a shaking chill and severe fever, while the ear symptoms recurred in full strength so that he had to take his bed. He received *Pulsatilla* 30, dissolved in water. After a copious perspiration, the attack was thrown off and he was fully restored.

Case II. An apprentice of a blacksmith, fourteen years old, was for eight days seized with a violent *pressive pain in the forehead*, especially above the right superciliary arch, the attack coming on between five and six o'clock in the evening attended with heat, while drops of sweat stood on his forehead; there was at the same time severe pain in the right eye; there was a *dull pressure*. The pains after a time diminished, so that he could sleep well. There was no pain on external pressure. Another striking feature was the presence of a number of papulous and pustulous eruptions in the face and on the forehead. The whole gave the impression of a periodical, intermittent supra orbital neuralgia.

Belladonna and *China* were considered among the suitable remedies; but, in view of the cutaneous eruption, *Sulphur* was selected, especially as this remedy is also characterized by *pressive* pains and, as Dr. Farrington says, is frequently indicated in malarial neuralgia appearing in the face and returning periodically. In eight days the neuralgia ceased, but there was

formed above the canthus internus of the right eye, an elastic red swelling, which soon reached the size of a plum and caused such violent pains that the patient had to cease working. A poultice was applied, which caused the swelling to soften and to diminish, moving downward and plainly showing fluctuation. Since the pain was intolerable the swelling was lanced, when it discharged blood and pus, after which the pain disappeared. An interesting feature was the spreading of the morbid process from the sensitive fibres of the trigeminus to the vasomotory or trophic fibres.

CHELIDONIUM IN WHOOPING-COUGH.

By Dr. Jean Dewee.

A boy of four years had been suffering for seven months from whooping-cough; the little patient had a cachectic appearance, a yellowish-gray complexion and was emaciated to a mere skeleton. Besides the whooping-cough, the child had a general bronchial catarrh and the broncho-tracheal glands were enormously swollen. At every attack of the cough there followed vomiting of bile and of food; besides this, the liver was swollen and there was an obstinate constipation. *Chelidonium* was plainly indicated and the patient received it in the sixth dilution. In five days the irritation causing the cough was removed so entirely that the parents were frightened and did not dare to continue the medicine. At the conclusion of the second week the child was fully recovered.

Since then the child had every winter, especially on wet days, some attacks of congestion of the glands of the chest, accompanied with rattling and a cough resembling whooping-cough, but a few doses of *Chelidonium* always sufficed to remove the slight attack.

Chelidonium was well indicated in the case; for it has "a spasmodic cough which wakes up the child by night, the affection extending to the bronchia and attended with constriction of the chest." A second indication was the congestion of the liver; although this is not one of the usual symptoms of whooping-cough, it not unfrequently attends long-continued cases of the disease, as the lungs in part become emphysematous and considerably impair the circulation. The physiological consequence of the congestion of the liver appeared in this case in the constipation and in the yellowish, icteric complexion of the patient.—*Translated from the Journal belge d'Homœopathie.*

CURENTUR WRONG FROM THE GRAMMATICAL POINT OF VIEW.

Editor of the HOMŒOPATHIC RECORDER.

I did not calculate to write any more on the curantur question, as I had sufficiently shown in the September issue, from a grammatical point of view, that, in the first place, both moods, the indicative and the conjunctive (subjunctive), could not be indiscriminately applied to one and the same purpose without transgressing certain rules laid down in the Latin grammar, and that, in the second place, *curantur* (indicative mood) is the only correct form in which the verb of that famous sentence could possibly be correctly rendered.

Being, however, attacked from three sides and accused of doing injustice to Hahnemann by my testimony to the correctness of the hitherto known formula of the motto in question, I feel in duty bound to take up my pen once more in order to defend myself and the cause of this pending controversy.

My appeal to the profession to search Hahnemann's original works in his own language has not been quite in vain, as there has been some searching done; first, in an American translation of the *Organon* of the healing art, by Dr. C. Hering; then in a reprint of the same work by Dr. A. Lutze, in the German language, and at last in Hahnemann's original works, in all of which the verb in question has been found to be *curentur*, the conjunctive (subjunctive) mood. It is, however, admitted by one of my worthy critics that in his research he found in Ameke's History of Homœopathy at least two of Hahnemann's contemporaries, who, in reviewing his work, use the phrase *similia similibus curantur*. For some reason or other the names are withheld. Were they, perhaps, identical with the names above mentioned?

As a result of their research my worthy opponents have come to the conclusion that *curentur* be the proper word and that Hahnemann used it so. One of the trio is even going so far as to make the bold assertion that Hahnemann never and in no place said *curantur*. Finding both forms in print, are they not aware that one or the other must be a misprint? Misprints may and do occur in the work of any author, Hering, Lutze and Hahnemann not being excepted. In the British translation of

the *Organon* those misprints occur so often that even homœopathic physicians of great fame cannot any more discover between the true and wrong form of the verb connected with the matter, taking curentur for the one proper and believe for themselves and persuade others that Hahnemann always said so.

Have my worthy opponents tried to disprove my statements as to the true form of the verb in question from the Latin grammar? Not in the least! Their only foothold is the larger number of the wrongly spelled verb, those misprints occurring more or less in various editions of the *Organon*. This being the case, I ask to be allowed to show once more from the Latin grammar that *curantur* be the only true form of that verb, and that wherever *curentur* takes its place, no matter in what author's work, it is a mistake or misprint, and as such to be considered and corrected.

What is said of the motto of the Homœopathic school holds good also for the motto of the Allopathic school. There is no difference in the two mottoes—as far as the verb is concerned.

I wish to show in the first place the difference between the indicative and the conjunctive (subjunctive) mood, the two moods concerned in this pending controversy. According to Solomon Bassett, Jr , in his principles of grammar on the English, Latin, Greek, German, Spanish and French languages, the indicative is the mood of direct assertion, by the way—the only admissible form for a sentence claiming to be a motto. The subjunctive (conjunctive) mood is the mood of dependency, a mood depending on some other part of speech, expressing that the action or existence is *possible* or contingent; as, for instance: "it may rain," "if John weep." Now as the verb of the motto is rendered in the passive voice, let me show here, for an instance, how that great linguist is treating the subjunctive (conjunctive) mood, of the passive voice, the present tense of the Latin verb "amare," to love, this being the sample-verb for the first conjugation in any Latin grammar, as far as I know.

First person singular, amer, I may be loved.

Third person singular, ametur, he, she, it may be loved.

First person plural, amemur, we may be loved.

Third person plural, amentur, they may be loved.

According to the above the verb "curare," the verb connected with the motto, which is also flexed according to the first con-

jugation, and which Hahnemann used in the sense "to cure," and not to treat, as will be shown further on, as follows:

First person singular, curer, I may be cured.

Third person singular, curetur, he, she, it may be cured.

First person plural, curemur, we may be cured.

Third person plural, curentur, they may be cured.

The latter is the form unanimously adopted by the A. I. H. It will be seen from the foregoing table that the true and correct interpretation of the motto in its new form into the English language is: "Alikes *may be cured* by alikes," or, what is the same: "Similars *may be cured* by similars." Accordingly a cure is effected on certain conditions only, whatever those may be — Hahnemann's certainty and reliability of a cure by his remedies is put aside, and uncertainty and doubt has taken the place thereof.

But my worthy opponents have the revision into the English language different from the above, as may be seen on page 456 in the October issue of the RECORDER, it being "Let likes be treated by likes," or, "Likes should be treated by likes," and of that translation it is said: "That Hahnemann doubtless intended so to read." Quite a similar translation is given by Dr. W. H. B., on page 77 in the February issue, and from his paper we may learn the reason why the Latin verb "*curare*" is translated into the English language not by "to cure," but by "to treat;" the reason given is, because the Latin verb "curare" means primarily to care, to take care of, "to treat," and secondarily only it means "to heal, to cure, and to restore to health." Now, while this is true, it does not prove in the least that Hahnemann was forced in his choice of the meaning of said verb to use the same in its primary indication. Neither the primary nor the secondary nor even the tertiary indication of the verb has any weight in this matter, since it is depending from first to last upon the sense or meaning the one who is using the verb wishes to express by it. The question, therefore, arises, in what sense did Hahnemann intend to use the verb "curare," which he framed in his motto? The answer may be easily found by studying to some extent the life of that great physician. Think of his tender feeling towards his fellowmen in general, and as a physician towards his patients in particular; how he considered it his chief vocation and first duty (as a physician) not to treat, but to *cure* his patients; how he learned from sad experience

more and more that under the banner of the Old School, to which he then did belong, real and permanent cures were impossible; how he, in utter despair, laid down his medical armaments because not being able in the hitherto known way to *cure* his patients; how he became the reformer of the healing art, the founder of a new school of the medical profession; how, after continued studies and experimenting with remedies on the healthy and on the sick, a new way of *cure* was revealed to him, as by Divine Providence—anyone, acquainted with the life of that great physician, will not doubt that Hahnemann, with the motto *similia similibus curantur*, meant to say in the English: "*Similars are cured by similars*," or, in other words, as he explains it himself in the *Organon*, "A disease produced in the healthy by a remedy, given in crude form and in large doses, is cured in the sick by that same remedy prepared according to the homœopathic rule and given in small doses."

That this is the true motto and also the correct interpretation of the same into the English language I take pleasure in referring the kind reader to a prominent work in point, the fifteenth edition of Heyre's book of foreign words (Heyre's Fremdwœrter-buch), printed for Mr. Hahn's book store to the Court, Hannover, Germany, 1873. In the same we find under the Latin adjective, similis, e, the following phrase: "*Similia similibus curantur*" (Grundsatz der Homœopathie) rendered in English: Similars *are cured* by similars (Rule or Motto of the Homœopathic school), and under the Latin adjective: contrarius, a, um, we find the following phrase: "*Contraria contrariis curantur.*" Entgegengesetztes wird mit Entgegengesetzten geheilt (Grundsatz der Allœopathie), this rendered into English means: "Opposites *are cured* by opposites," (Rule or Motto of the Allœopathic school). Here we have the two mottoes, that of the Homœopathic and that of the Allœopathic school correctly given in their original formulas and also correctly translated into the English and German languages, the verb being translated by *cured* not by *treated.* The author of the above mentioned work has had no interest whatever in either way of spelling the verb connected with the two matters; he gives that what he has seen and heard, and what he has found in conformity with the Latin grammar, of which he was an expert of extraordinary standing, as may be seen from the contents of his useful work.

Now, if any more proof is wanted of the correctness and originality of the old formula of the homœopathic motto: "*Similia similibus curantur*," I have no hesitation to mention as such the fact that it is thus found on all monuments, at least in the old country, erected in honor of S. Hahnemann; also on all busts and portraits that are to remind us of that great physician and leader. In this connection mention may also be made of the point that many of the homœopathic colleges in this country have the diploma with which they authorize their graduates to practice medicine and surgery under the banner of the homœopathic school, adorned with the motto in the old and well-known formula as a handsome and significant heading; and, I am happy to say, that my famous Alma Mater, the Homœopathic Medical College of Chicago, is one of them, and the many hundreds of graduates of that institution may be proud of being honored with a diploma of that kind, as I am myself, and would not have it altered for anything! Should all this have been done by a grand mistake during the now closed 19th century?

Now, all what I have said in this and my former pages in proof and defence of the correctness of the motto: "*Similia similibus curantur*," from a grammatical point of view, I herewith challenge any well-posted Latinist in this and any country, where this journal is read, to say whether or not I am justified in my statements.

I can not close this paper without giving expression on the one hand, to my great surprise, that so little is written in our medical journals in defence of the old formula of that famous motto, left by Hahnemann to his adherents and followers as a precious inheritence for safe keeping—and, on the other hand, to my deeply felt gratitude, that during the whole year during which this controversy is going on at least one letter has been addressed to me, though privately, with consenting and encouraging words from a highly esteemed brother-physician from the far East. Said letter was written in response to my paper published in the May issue, and commenced as follows, viz:

Dear Doctor: (Unknown to me) I have just read your communication in the May number of the HOMŒOPATHIC RECORDER, and I wish to say *Amen* to it * * * * .

Very respectfully,

Yours truly,

Columbus, Neb. E. G. H. MIESSLER.

CHICAGO MEDICAL SOCIETIES.

There are four medical societies in Chicago made up of members of the homœopathic fraternity.

I.

One is the Old Guard, physicians whose diplomas are dated thirty years back. The oldest physician presides. At the last meeting it was Dr. Adam Miller, whose diploma is of the vintage of '47, and who was made a member of the American Institute in 1848. The vice president is Dr. J. G. Grols, who graduated from the old Pennsylvania Homœopathic College in 1850. Dr. T. C. Duncan, of '66, of Hahnemann, Chicago, is the moving spirit.

The membership includes all the old physicians of Chicago and vicinity. Dr. H. B. Fellows, who died December 16, was a member. He was an active physician in New York State for many years; came to Chicago before the fire, was an active teacher in Hahnemann Medical College, and finally Dean. Paresis gradually impeded his usefulness. He was noted as a hard, earnest student.

II.

The Clinical Society of Hahnemann College meets monthly at the college building, and the papers presented and the discussions held thereon all appear in the college organ, *The Clinique.*

III.

The last meeting of the Chicago Society (which is supposed to be a union society, having absorbed the Cook County Society), held December 20 at the Great Northern Hotel, was a small gathering. Perhaps it was because so near Xmas, or because the colleges were out, or because the first paper was by a woman on a Materia Medica topic. We were to hear of the virtues of *Tarentula cubensis.* Prof. H. Farrington was there to discuss it, but the essayist, Dr. Mary Hawks, failed to appear. She sent her regrets—"Was too busy to write it." So the members were disappointed.

But the next essayist, Prof. Shears, kept his appointment, and gave an excellent paper on the "Repair of the Vaginal Outlet" after labor. He described several forms of laceration, one often overlooked when the muscle and fascia were torn, but the mucous

membrane remained intact. He advised immediate repair and deep stitches.

Dr. ——— did not like the catgut or silk-worm gut sutures; he preferred silk as most comfortable for the patient.

Dr. Kalke could add little to what had been given by the essayist. He quoted observations in Europe and the precautions used against infection.

The last paper on "Uræmia of Elderly Men," by Prof. C. Mitchell, emphasized the fact that there was a condition of the system where the urine did not show much lack of urea, but the system seemed to absorb it and uræmic symptoms developed, while there was no Bright's disease.

This paper was discussed by Prof. Weiland, who cited a case where a light diet had greatly increased the amount of urea. This was the most technical exhibit yet presented and was highly enjoyed.

IV.

The Materia Medica Society, that has been quiescent, held its annual meeting and elected the following officers: President, Dr. H. C. Evans; vice president, Dr. A. H. Woodward; secretaries, Dr. P. S. Replogle and Anna Doyen; censors, Drs. R. N. Morris, E. R. McIntyer and T. C. Duncan.

Dr. Morris reported a case of *Merc. bichlor.* poisoning in a sanguine man where bloody urine, bloody stools and vomiting were the chief symptoms. The usual symptoms of prostration and perspiration were absent. This case adds to our knowledge of the action of this form of *Merc.* that is used so freely as a bed-bug poison. The next drug to be considered is *Silicea.*

There is another medical society in Chicago that meets in Englewood, of which Prof. J. B. S. King is president. They have very interesting meetings, I am told. ***

BOOK NOTICES.

American Text-Book of Physiology. Edited by William H. Howell, Ph. D., M. D., Professor of Physiology in Johns Hopkins University. Vol. II, royal octavo, of nearly 600 pages, fully illustrated. Cloth, $3.00, net; sheep or half morocco, $3.75, net. Philadelphia and London: W. B. Saunders & Co. 1900.

Even in the short time that has elapsed since the first edition of this work there has been much progress in Physiology, and in this edition the book has been thoroughly revised to keep pace with this progress. The result is that the American Text-Book now represents the most modern work on Physiology. Statements and theories that have been shown to be wrong or improbable have been eliminated, and new facts discovered and the newer points of view have been incorporated.

The chapter upon the Central Nervous System has been entirely rewritten in the light of the latest knowledge, with the intention of rendering this important branch of the subject suitable to the needs of students and practitioners. A section on Physical Chemistry forms a valuable addition, since these views are taking a large part in current discussion in physiological and medical literature.

The first edition of this work was pronounced to be the best exposition of the present status of the science of Physiology in the English language, and in its revised form the book will doubtless remain the leading work on Physiology for students and practitioners. The subjects comprised in this volume are: Muscle and Nerves; Central Nervous System; Special Senses; Special Muscular Mechanism, and Reproduction.

King's American Dispensatory. New edition. Entirely rewritten and enlarged, by Harvey W. Felter, M. D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O.; Co-editor Locke's Materia Medica and Therapeutics; Ex-President Ohio State Eclectic Medical Association, etc., etc., and John Uri Lloyd, Ph. M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O.; formerly Professor of Pharmacy in the Cincinnati College of Pharmacy; Ex President of the American Pharmaceutical Association; Author of the Chemistry of Medicines; Drugs and Medicines of North America; Etidorhpa, etc., etc. Two volume edition, royal octavo, containing together 2284 pages, including complete Indices. Cloth, $4.50 per volume, post paid. Sheep, $5 per volume, post paid. The Ohio Valley Company, Publishers, Cincinnati, O.

This issue has been *entirely rewritten* and is the standard dispensatory of the Eclectic school, first issued in 1854. This is

the eighteenth edition of the work and third revision of this dispensatory, and it occupies the same position in the Eclectic school of medicine as the National or United States Dispensatories in the regular profession.

The new edition preserves the important original matter by Prof. King, found in previous editions, which won for it popularity. In other directions it has been revised and rearranged on every page in conformity to the advances of the Eclectic school, and contains much recent matter not found in other dispensatories.

Free Thought; or, the Coming Dispensation. By Richard Bewley, M. D. 109 pages. Cloth, $1.00. Published by the author.

Dr. Bewley is a homœopathic physician of Philadelphia, and has written this little book of fifteen essays in no uncertain tone; but whether it will be acceptable depends on your way of looking at things. It is at least interesting. Here is a bit by which you can sample the work: "Some of our preachers point to the wonderful spread of the Christian religion as a proof of its divinity; but they forget to tell us that the Mohammedans far outnumber the Christians at the present time, and that Mahomet was not born until several centuries after the time of Jesus. So that if rapid growth determines the matter, Mohammedanism would be a great deal more divine than Christianity."

"'The tree is known by its fruits.' Look around and see how crime of every kind abounds in Christian countries."

"It is a common saying of unthinking Christians that the spirits of the dead cannot return. * * * What miserable reasoning is this, and what a poor state of mind it shows."

"There are many other ways in which the knowledge of spirit presence and communion will be of the greatest importance and benefit to mankind."

THE Cleveland *Plaindealer* of December 23 contains the following item about Dr. George H. Quay and his book on Nose and Throat, under the heading "A Cleveland Medical Text Book!"

"Dr. George H. Quay, professor of rhinology and laryngology in the Cleveland Medical College, and chief of consulting staff in this department of the Huron Street Hospital, some time since published "A Monograph of Diseases of the Nose and Throat,"

which was received with such favor by the medical profession that it has become the text book on the subject in nearly all the colleges in the country. It has attracted so much attention abroad, as well as in this country, that the author recently received an application from the University of Madrid for permission to translate into Spanish for use as a text book in that university. A second edition of the work has just been issued in Philadelphia by Boericke & Tafel, with a dedication 'to the memory of Prof. Nathaniel Schneider, M. D.,' the author's 'preceptor and early guide in the study of medicine.' Dr. Quay explains that the book is the outcome of an experience in the general practice of medicine, which was not small, supplemented by several years of exclusively nose, throat and ear work. It is designed for two classes of readers, students and teachers who stand in need of a condensed work on the subject dealt with, and general practitioners who have neither the time nor the inclination to wade through a volume of rhinology and laryngology which deals with exhaustive details, though a working knowledge of the diseases of the nose and throat is absolutely necessary to the successful physician."

Practical Homœopathic Therapeutics.—To quote from the author: "The work has been undertaken, therefore, to supply the practitioner of homœopathic medicine with reliable, practical and condensed indications for the more important remedies in disease. It differs from the various works on the practice of medicine in that it is exclusively devoted to Homœopathy, and from works on Materia Medica, as it treats only of therapeutics." And right well has Dr. Dewey fulfilled these conditions. Written in the terse and forceful style peculiar to the author, we have a work of pre eminent usefulness.

The work does not purport to give all the remedies indicated in any disease, but those which have been most useful, and under each remedy are given a few leading, differentiating symptoms, such as can be readily learned.

The value of this work to the student, or rather to his undergraduate for all physicians should all at times be students, and also to the young practitioner in his first year of practice, cannot be overestimated, and we feel sure the older men of wider experience will also find many valuable hints in this book.

The book teems with those terse phrases and striking com-

parisons which we occasionally come across in our Materia Medicas, and which, when once learned are so readily recalled, and it is just these striking and brilliant indications which are of great value in leading to a close prescription.

We can say that the more we have used the book the more we have been convinced of its usefulness.—*The Chironian.*

Enlarged Tonsils.—It is a remarkable fact that, in spite of the supposed crime of Homœopathy in disregarding pathology, a number of expert pathologists, four or five of them professors of pathology in allopathic schools and universities, have joined the ranks of the homœopaths. Indeed, it is only homœopaths who have any chance of understanding real live pathology at all. Morbid anatomy, it is true, may be investigated successfully by allopaths, but that is as dead as their therapeutics. It performs the same function in regard to living pathology that the undertaker does to the doctor. The natural history of bacteria may be studied by allopaths, and a very important study it is. But it is only homœopaths who can fully appreciate the bearings of the study and turn it to the best account; and it is not all homœopaths who can do this. Those of us who come "trailing clouds" of anything but therapeutic glory from our allopathic training schools have to divest our minds of these clouds before we can see anything as it really *is*; we only see through the fog of academic teaching, and everything we look at is colored with the opinions of others. It is the natural tendency of human minds to seek authorities and companions, and most of the time when we think we are original and thinking our own thoughts the thoughts are those of other people.

But when a mind is free enough to strike out a new thought and strong enough to successfully plant it, there is an attractiveness about the thought and the thinker that cannot be withstood, though all the academies in the world combine against them. It is so with Hahnemann and the homœopathic idea. And it is the perfect emancipation from the academic notions of pathology and therapeutics that give all Dr. Burnett's writings such a freshness and charm. His newest work on *Enlarged Tonsils* is as full of interest and of pathological and therapeutic insight as any of its predecessors. Enlarged tonsils, says Burnett, are not ill of themselves, but only vicariously, and it is the patient who needs curing, and not the tonsils lopping off. The method of some

homœopaths, says Dr. Burnett, when confronted with a case of enlarged tonsils, is to give *Baryt. carb.* for a week or two, and if they are not nearly gone by that time to conclude that "medicine having been tried and failed" the case is one for operation. But *Baryt. carb.* is no panacea for enlarged tonsils: it will only cure its own cases. And in any event constitutions are not usually cured in three weeks or three months. Dr. Burnett very aptly compares the physician's functions to those of the gardener. Both bear the same attitude towards natural forces. We commend the entire work, and this passage (p. 18) in particular, to the careful attention of homœopaths. Dr. Burnett has done the editor of this journal the honor of appropriating (with full acknowledgment) a chapter out of a work of his own on a kindred topic (*Diseases of the Glands and Bones*). We have taken so many invaluable "leaves" out of Dr. Burnett's "book" that he is fully entitled to help himself to anything we have published. There is one thing quite certain, the adopted chapter is in no way a loser by its new setting.

A STRIKE among the pressmen at the house printing Helmuth's *Various Verses* has much delayed that dainty little volume, to the great regret of the publishers, Messrs. Boericke & Tafel. It is hoped, however, to have it out by the 15th of this month, but to late for notice in this issue of the RECORDER.

ANOTHER book of the same publishers is the *A, B, C Manual of Materia Medica*, by G. Hardy Clarke, M. D., late Professor of Materia Medica at one of the Chicago Homœopathic Colleges. It is an attempt to give the students that which Dr. Clarke discovered they wanted in a Materia Medica. The book is a striking one and a bold departure in some respects and will make a stir.

DR. BRADFORD, the indefatigable bibliographer of Homœopathy, has another of his books in press, a book representing the maximum of labor with the prospect of the minimum of recompense. Thank heaven for men like Bradford, who labor for the love of the good work. This particular book is an *Index to Homœopathic Provings*, giving the place where every drug proving ever made may be found. A dry subject, but every student will appreciate the value of such work, and also have some notion of the immense labor involved in making such a collection.

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

THE RECORDER now enters upon its sixteenth year, with a subscription list that any one would be proud of, both as regards number and the men composing it. We have never offered thermometers, or old books, or "premiums," and trust we never shall. If a journal is not worth its price a "premium" does not enhance its value, and is a confession that the price is exhorbitant. We respectfully solicit your subscriptions.

DR. T. F. ALLEN'S paper in this number is worthy of careful reading and thought. That way lies true success in medicine.

OUR friend, Dr. Meissler, puts up a pretty stiff argument again on the *Curantur* question. He might have added that on the medal found in Hahnemann's grave it was spelled *Curantur.*

THE following is a true story, though there is no need to name names or give places. A young man was taken sick with a fever, and, as is now required, certain parts of him were taken to a bacteriologist—no small-fry, either—who went through the usual pow-wow, and, as usual, never having seen the patient, diagnosed a case of typhoid fever. On this the next regular thing to do was to cool down the patient in a tub of water, which was done—why it is done, seeing that it cannot reach the seat of disease, no one knows. After the fourth or the fifth day of this dousing the patient broke out in numerous spots and an old doctor gently whispered, "small-pox." And now they are wondering if bacteriology is as infallible as it assumes to be.

IN small doses, one to five drops of the tincture, *Verbena hastata* is said to be excellent in gastric irritation; also in cases of debility and anorexia.

In cases of neuralgia of long standing, or constantly recurring, *Melilotus off.* may prove to be the remedy. It sometimes acts magically in ovarian neuralgia; also in gastralgia, neuralgia of the stomach or of the abdominal viscera.

Do not forget *Mezereum* in skin diseases, red smarting and itching; in circumscribed spots that itch violently at intervals, or where the scratching has made the parts raw.

When secretions of the mouth give a white glaze to surface of mouth, especially in children, *Phytolacca* is a remedy to be considered.

Olive oil is safest for the constipated baby.

The Eclectic authorities say that *Lobelia* is one of the best drugs known to overcome habitual constipation or intestinal atony. Also that all forms of chronic sore throat are benefited by it.

Don't forget *Rheum* when dealing with a sour—physically sour, of course—baby.

Time and again *Lycopus Vir.* will do better than *Digitalis* when the latter is given in material doses. For a heart "specific," however, *Cratægus ox.* θ surpasses all other remedies.

You will often meet something like this: "Dr. ——— says that the *Rhus* patient has to move to obtain relief, is better by motion, while the *Bryonia* patient is worse from motion."

As a matter of fact, Hahnemann said it, or the substance of it.

If the homœopathic doctor who uses fluid extracts because they are "stronger" than tinctures could peep behind the scenes, he wouldn't do so any more. Really, they are unfit for use in homœopathic practice.

Frequent twisting pains in the region of the umbilicus with severe constipation is a good old call for *Plumbum.*

Dr. Roberts' papers on "Pediatric Materia Medica" are of exceptional value to all interested in treating children.

Dr. F. Semeleder, writing from Cordoba, Mexico, to *Medical Record* of December 29th says:

"There is a railroad being built from here running south and east to join the railroad of the Isthmus of Tehuantepec at a certain place. At a distance of 93 km. from Cordoba is a marshy plain with a few houses and no drinkable water. The place is called 'Tierra blanca.' When I went there I was greatly surprised not to find any mosquitos, and yet the place is a first-class malaria breeder."

Miss R. E. Young, late manager of the *Medical Century*, has blossomed forth into a contributor to the select pages of the *Atlantic Monthly* (January). It is a combination of story, and study, of a young homœopathic physician who went forth with the high purposes instilled into his mind by "Dean Alden," of the Homœopathic Medical College in Chicago. Dean Alden, by the change of a letter, becomes Dean Allen, with probably the initial H. C. The young man, in our term, not Miss Young's, bumps up against hard luck, in each place he tries to locate—the hard luck of no patients. In his extremity he wins a lot of money by writing the prize essay offered by a homœopathic medical journal, which enables him to buy some new shoes, of which he is sadly in need. Here between the lines we see the genial face of our friend and brother Smith. By the by, what has become of that essay? With this windfall our hero seeks new fields, and runs across a classmate who is prospering exceedingly on the rankest kind of quackery. Is offered a job in the concern and refuses it, preferring to maintain the high ideals of a physician taught him by Dean Allen. The story is well told and is interesting, though the ending is simply chopped off square, and the doctor who believes that the only duty of the physician is to heal the sick, is left with only a portion of brother Smith's dollars in his pocket and no prospects, while the other, who believes that the only duty of the doctor is to make money out of the sick, is rapidly swelling his bank account.

What a grand thing it would be if we could have something to drop on the printed page that would test its truth! For instance, one of the Philadelphia papers publishes a report of a Mrs. Newton who, after consulting many physicians, went to Cooper Hospital, at Camden, N. J., where the previous diagnosis was

confirmed "double senile cataract." "They began to treat her eyes with a decoction of the succus cineraria plant, which is only found in the torrid zone. It is so powerful that by dropbing it into the eye the cataract dissolves without injuring the eye. She was treated twice each week. Her vision gradually returned, and yesterday she was able to distinguish objects and walked from the hospital."

This drug, almost from its start, has been handicapped by rank advertising methods, and by the almost prohibitory price put on the imported article by the New York house that brings it to this country.

It is a pity that its merits could not be definitely determined, if it has any, for if it will remove cataract it is an exceeding valuable drug, while if it will not, the sooner the truth is known the better.

Be it known that this is no joke, but is an outline of Herr Professor Koch's lecture on malaria—or a part of it: His conclusion is, that though the germ of malaria was first brought to humanity by gnat bites, yet the permanent home of the germ is in the human body and passed by gnats (mosquitos?) from one human being to another; therefore it is more important to look after man than mosquito. Well, the germ theorists have got themselves up a nice logical tree with a bull dog beneath. Germs are the cause of disease and man is the cause of germs. Work it out to suit youtself. Father Hahnemann's theories are good enough for us.

The average man does not object very much to hazing when it takes the form of physical exercise even when severe, but when it takes the form of forcing boys to eat things unfit for food he objects, and objects vigorously. Those West Point men, few in number we hope, who force the under-class men to drink tobasco sauce, eat soap and large quantities of doctored molasses may become officers, but there may be reasonable doubt as to their being or becoming gentlemen.

Protecting the water supply from pollution would be cheaper and better than filter plants, which, unless kept scrupulously clean, soon become veritable sinks of foulness. The contents of the privy vault creeps through the sand and gravel and enters the well water, and all is clear and sparkling, yet there is typhoid in the cup. Protect the streams.

PERSONALS.

Dr. G. Hardy Clarke has removed from Humbolt to Waterloo, Ia. His *A, B, C Manual of Materia Medica* will be out this month.

A girl recently advertised for a position, stating that she was "a young, unmarried woman without children."

None but the strong refrain from, "I told you so."

Hats off to the E. Orange Board of Health, which has decreed that all domestic animals must keep quiet between 10 P. M. and 8 A. M.! What is the penalty for a cat concert is not stated.

No, Mary, you cannot shock corn with an electric battery.

Dr. Oscar L. Grumbrecht has removed from Atlantic City to 615 Market street, Camden, N. J.

A gentleman remarked that all Colonial Dames are "antique;" then he found the trouble he had hunted.

Toothache will cure Christian science every whack.

If what is not, were, what would it be?

If Hahnemann were alive to-day he would probably be blind, deaf and speechless from old age.

A "pathy" is a medical "creed," and a creed is an "I believe." Those who do not believe in anything very much have no use for either.

Sitting cross-legged promotes appendicitis, so they say. Post it in the Trolleys!!!

"After exercise never ride in an open carriage."—*Ex.* We won't, we'll take a trolley, as usual.

The *Hahnemann Institute* reports some excellent homœopathic clinics.

New Zealand has fallen in line with Switzerland and England, and repealed the compulsory vaccination.

Compulsory vaccination hits the average man like compulsory religion.

Electro-fanitis is the name for colds contracted from electric fans, according to *Health*.

189 cases of small-pox in United States for week ending December 21 and one death.

Tobacco, says the *Medical Age*, seems to possess some resolving power on the ptomaines of fatigue. Also, it develops the bacilli of comfort!

Every man likes good deeds in property.

In reality every man feels that the best years of his life are ahead of him, and perhaps they are.

A Judge may be a man of few words but long sentences.

Even the sprucest of us still have a ninteenth century look.

Dewey's *Practical Homœopathic Therapeutics* has caught on in great style.

The good die young and the old dye their hair.

Positive, *curantur* appeals stronger to the homœopath than doubting *curentur*.

A motto never expresses a doubt.

THE

HOMŒOPATHIC RECORDER.

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HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

Eighth Annual Session.

The eighth annual session of the American Institute of Homœopathy was held in the Temple at New Haven, Conn., beginning at ten o'clock A. M., on Wednesday, June 11, 1851.

William E. Payne, M. D., of Bath, Me., was unanimously elected President. On motion of E. T. Foote, M. D., the By-Laws were suspended so as to allow the Committee on Revision of Rules of Order to report. After some few corrections the report was accepted, and the order of proceedings stood as follows:

1. The meeting shall be called to order by the General Secretary, or in his absence the Provisional Secretary, or in the absence of both Secretaries, the Treasurer, or such person, as shall be chosen by the members present, shall preside until a Chairman is chosen.
2. Calling the roll of members.
3. Choice of Chairman by ballot, to preside at the meeting.
4. Appointment of Standing Committee on the election and reception of members.
5. Reading such portion of the minutes of the last meeting as may relate to unfinished business, or matters referred to the next meeting.
6. Appointment of Standing Committee of five on the Treasurer's account and vouchers.
7. Report of Treasurer, with vouchers of expenditures.
8. Report of Committees appointed at the last meeting.

9. Reports and Communications from Auxiliaries and Corresponding Bodies.

10. Election of Officers.

11. Annual Address.

12. Time and place of next Annual Meeting and Committee of Arrangements.

13. Choice of a member to deliver the Annual Address at the next meeting and an alternate.

14. Reading of minutes for correction and Approval.

15. Adjournment.

The rules relating to the order of business may be varied for the time being by common consent, or by a vote of two thirds of the members present.

The general rules of the House of Representatives of the United States shall be observed in debate and in manner of transacting business, where there are no rules of the Society applicable to the subject. Signed,

E. T. Foote.

After the reading and acceptance of this revised order of proceedings the roll of members was called, about fifty physicians answering.

The minutes of unfinished business were read and the following appointments then made by the Chairman:

Committee on Election of Members.

Richard Gardiner,	M. D.,	Philadelphia, Pa.
F. R. McManus,	"	Baltimore, Md.
B. F. Bowers,	"	New York, N. Y.
David Osgood,	"	Boston, Mass.
Moses Dodge,	"	Portland, Me.

Committee on Communications.

A. E. Small,	M. D.,	Philadelphia, Pa.
Jacob Jeanes,	"	Philadelphia, Pa.
G. W. Swazey,	"	Springfield, Mass.

Committee on Treasurer's Accounts.

E. T. Foote,	M. D.,	New Haven, Conn.
Edward Bayard,	"	New York, N. Y.
B. F. Joslin,	"	New York, N. Y.
C. H. Skiff,	"	New Haven, Conn.
Jacob Jeanes,	"	Philadelphia, Pa.

Central Bureau of Materia Medica.

C. Hering,	M. D.,	Philadelphia, Pa.
W. Williamson,	"	Philadelphia, Pa.
C. Neidhard,	"	Philadelphia, Pa.
J. Jeanes,	"	Philadelphia, Pa.
J. Kitchen,	"	Philadelphia, Pa.

The Committee on Elections Reported.

Joseph Lloyd Martyn,	M. D.,	Baltimore, Md.,
Christopher H. Rayborg,	"	Baltimore, Md.,
Thomas Armor,	"	Baltimore, Md.,
P. E. Vastine,	"	Baltimore, Md.,
Jehiel Abbott,	"	Westfield, Mass.,
A. H. Collins,	"	Conway, Mass.,
Wm. Pearsons,	"	South Hadley Falls, Mass.,
John J. Cushing,	"	Providence, R. I.,
Henry C. Preston,	"	Providence, R. I.,
Wm. C. Bell,	"	Middletown, Conn.,
Jeremiah T. Denison,	"	Fairfield, Conn.,
Chas. C. Foote,	"	New Haven, Conn.,
Wm. P. Gambell,	"	Francestown, N. H.,
James W. Metcalf,	"	New York, N. Y.,

All of whom were elected to membership in the Institute.

The Treasurer, S. R. Kirby, M. D., then reported upon the state of the finances of the society.

The Committee on the Translation of the Materia Medica Pura did not report, the Chairman, J. Beakley, M. D., being absent.

The Committee on Cholera did not report because of the absence of the Chairman, S. B. Barlow, M. D.

The Committee on Blisters did not report, the Chairman, Edward Bayard, M. D., being absent,

The New York Branch Society presented a satisfactory report which was accepted. In it, the efficacy of Homœopathy in the treatment of Cholera was noted, although the peculiar manner in which it was received by the Board of Health and other public institutions showed the strong opposition under which it labored. As it was, the report from twenty-five physicians showed a mortality of 53 cases out of 349, reported up to September 27, 1849.

At this meeting the subject of Medical Education was discussed by Drs. Joslin, McManus, Gregg, Kirby, Wells, and Jeanes.

At the afternoon meeting the Philadelphia Branch Society made its report which was accepted. In it, the progress of Homœopathy in Philadelphia was noted; reference was made to the absence of epidemic cholera, and to the presence of Typhoid and Typhus fevers, with a marked tendency to affect the brain, spinal marrow and intestines.

A letter from Henry D. Paine, M. D., of Albany, was read by E. T. Foote, M. D., and referred to the Committee on Communications.

G. W. Swazey, M. D., of Springfield, Mass., was elected General Secretary. Chas. C. Foote, M. D., of New Haven, Conn., was elected Provisional Secretary. S. R. Kirby, M. D., was again elected Treasurer.

P. P. Wells, M. D., of Brooklyn, offered a resolution which provoked a friendly and prolonged discussion, which was still unfinished when the meeting adjourned.

In the evening a fine audience met to hear G. W. Swazey, M. D., deliver the annual address. His subject was upon life, the Nature of Disease and the Law of Cure.

He did not attempt to unbind the mysteries of life, nor offer a solution of the same, nor did he undertake to define disease which was as subtle as life, but he proposed to discuss the law of cure, which had withstood the test for more than a half century in verifying its accuracy.

There being a law of cure, Dr. Swazey said that we were supposed to know how this law operated and how it should be applied for the relief of mankind when sick. The public requires of us not only the *how* of practice, but the *why* and *wherefore* of diseases, as well as their cure, so that we are required to be students constantly. He said that if health is the result of a propitious cause, so disease is the consequence of a wrong somewhere, and the elimination of this may be produced by a provided law, which we call the law of cure.

He claimed that we could not investigate the outer life without inquiry into the inner life, and that this was the only way that the "vis vitæ" could be accounted for, and which we knew directed the forces both of health and disease.

He then considered the subject of Life, and assumed that God only has life in himself; that all other forms of life are only recipients of life from Him, either directly or through proper mediums, and that man is one of these recipient forms and essentially is a living soul, as he was pronounced at the creation.

The life principle, or spiritual parts of man was then discussed at considerable length, and reference made to the *vis medicatrix naturæ* or force in the human system which is recognized by the profession. He defined Nature as that uncorrupted force of life derived in laws of order from God, which tends to mould and fit and preserve every organ for its intended use.

As symptoms are the signs of what nature is doing toward preserving our lives, he asked if we should expose the sick to an aggravation of their sufferings by the remedies, to which he answered that we should, if occasion required this effort to excite the recuperative powers of nature, and render assistance by drugs or other means.

He then discussed the amount of medicine necessary to be used in this curative action.

Pain, he considered, was like a faithful sentinel, watching for assistance, and as soon as it is obtained the disease surrenders and pain quits its post.

He stated that the law of cure was the law of eliminating disease from the body, and claimed that this law was the fundamental doctrine of Homœopathy, a doctrine which has been largely misrepresented by its medical opponents.

He aimed to explain the law and its special action in the cure of disease, and closed his remarks by claiming that our works should prove the truths we affirm, and that we should not allow our thoughts to take the wings of fancy, but that the home of our thoughts and desires should be where Truth is—at the tree of Life.

The address was a most able one upon the subject of homœopathy and was received with marked approval by his earnest listeners. A copy of it was obtained and published with the proceedings of the Institute's session.

At the Thursday morning session the annual report of the Central Bureau was read by Jacob Jeanes, M. D., and accepted.

On motion of Dr. Swazey it was resolved:—

WHEREAS, The advance of Medical Science depends mainly upon a spirit of inquiry among physicians, together with a careful observation of facts relating to the disease and its treatment.

Resolved. That this Institute considers it the duty of every member to make some written communication at every annual meeting upon some matter pertaining to the general interest of Homœopathy.

On motion of Dr. Kirby the resolution was adopted that Jacob Jeanes, M. D., B. F. Joslin, M. D. and James W. Metcalf, M. D., be appointed a committee to address through the Proceedings of the Institute for 1851, the Homœopathic physicians of the United States, urging upon them the propriety of organizing, forthwith, branches of the American Institute of Homœopathy.

On motion of Dr. Kirby it was resolved:—That the members of the Institute who may change their place of residence are hereby requested to give notice of such change to the General Secretary.

A communication from Wm. Ingalls, M. D., was read, with a pamphlet upon the nerves, which was referred to the committee.

A communication was read from T. L. Sullivan, M. D., and referred to the committee to be disposed of as requested by the author.

Dr. Kirby moved that the next session of the Institute be held in Baltimore, on the third Wednesday in May, 1852, which motion was passed.

E. T. Foote, M. D., moved that any of the resolutions which are to govern the Institute in its proceedings be incorporated in the By-Laws.

On motion of Dr. Foote this resolution was adopted—That the proposition of H. D. Paine, M. D., of Albany, to publish annually a year book of Homœopathy comprising such items of general interest respecting the condition, progress and prospects of Homœopathy, as would give a correct view of the Hahnemannian system throughout the world, meets with the approbation of the Institute.

On motion of Samuel Gregg, M. D., the following resolution was adopted,—That individuals proposing to become members of the Institute shall subscribe their names if present, or if absent, the Secretary be authorized to add such names and place of residence to the Constitution and By-Laws, previous to receiving the certificate of membership.

Resolved, That such part of the proceedings of this meeting as the Secretary may deem of sufficient interest, together with the Address and the Constitution, with the By-Laws and Resolutions now in force, be published under the direction of the Secretaries, for the use of the members, together with a list of its members.

S. R. Kirby, M. D., was appointed by the Chair to deliver the next annual address before the Institute. After thanking the

officers for the efficient performance of their respective duties, the Institute adjourned, to meet in Baltimore in May, 1852.

Before their adjournment the Institute received a memorial letter from Philadelphia, mourning the death of Caleb B. Matthews, M. D., and eulogizing him as a man and a physician. The letter was published with the proceedings of the Institute.

The Ninth Annual Session.

The American Institute of Homœopathy began its ninth Annual Session on Wednesday, May 19. 1852, in Masonic Hall, Baltimore, Md., and was called to order by the General Secretary, G. W. Swazey, M. D. The roll was called, when but forty physicians answered to their names.

Elial T. Foote, M. D., of New Haven Conn., was elected Chairman of the session.

Richard Gardiner, M. D., Philadelphia; C. D. Williams, M. D., Cleveland; Samuel Gregg, M. D , Boston; H. Kinsley, M. D., New York, and J. R. Piper, M. D., Washington, were elected the Committee on Election of new members.

The Committee on Cholera did not report, J. Barlow, M. D., the Chairman, being absent.

The committee on the translation of the Materia Medica Pura did not report, J. Beakley, M. D., the Chairman, being absent.

The Committee on Blisters did not report, E. Bayard, M. D., the Chairman, being absent.

The Central Bureau made an acceptable report.

The committee to audit the Treasurer's report was A. S. Ball, M. D., F. R. McManus, M. D., A. E. Small, M. D., C. D. Williams, M. D., and S. S. Guy, M. D.

S. R. Kirby, M. D., the Treasurer, made his report, which was referred to the committee, and reported correct.

The committee to address the homœopathic physicians of the United States, urging upon them the propriety of organizing branches of the American Institute of Homœopathy, made an acceptable report.

The Philadelphia Branch made a report mentioning Dysentery, Cholera Infantum, Cholera Morbus, Scarlatina, Small-pox and minor diseases, but all confined to rather mild forms, and gave the names of the successful remedies. During the year they had noticed an increase of patients who had turned to homœopathic treatment for relief.

The Massachusetts Homœopathic Medical Society made an acceptable report, showing a total of 59 members, quite an increase since its organization twelve years before.

A communication was received from the Rhode Island Homœopathic Society requesting to become a branch of the Institute, which was granted.

A communication from W. E. Payne, M. D., of Bath, Me., detailed cases of Membranous Croup successfully treated with Bichromate of Potash.

A communication was received from E. T. Foote, M. D., of New Haven, Conn., giving the particulars in the case of a lady who died from the effects of chloroform, given to extract a tooth, or a portion of it that had been left at a previous extraction. The woman's death was very sudden and almost unaccountable. The doctor disclaimed against using such an anesthetic for so simple an operation.

A very animated discussion was held upon the subject of Vaccination, Drs. Williamson, Sims, Kirby, Guy, Jeanes and Small participating therein.

At the afternoon meeting the Committee on Elections reported the following candidates, all of whom were duly elected members of the Institute:

Henry Duffield, M. D., Carlisle, Pa.; T. A. Pierce, M. D., Norristown, Pa.; J. P. Dake, M. D., Pittsburgh, Pa.; T. Collins Stevenson, M. D., Carlisle, Pa.; Frederick Miller, M. D., Carlisle, Pa.; Geo. C. Williams, M. D., West Chester, Pa.; Wm. F. Guernsey, M. D., Frankford, Pa.; John Redman Coxe, Jr., M. D., Philadelphia, Pa.; Isaac Senter Crocker, M. D., Providence, R. I.; Z. Clements, M. D., Victoryville, N. Y.; Horatio P. Gatchell, M. D., Cleveland, O.; Thomas Miller, M. D., Cleveland, O.; B. L. Hill, M. D., Cleveland, O.; Hamilton L. Smith, M. D., Cleveland, O.; Milton Hammond, M. D., Baltimore, Md.; J. M. Randel, M. D., Chesapeake City; Dioclesian Lewis, M. D., Buffalo, N. Y.; Lemuel K. Rosa, M.D., Elycia, O.; Lewis Dodge, M. D., Cleveland, O., and John H. Henry, M. D., Montgomery, Ala.

F. R. McManus, M. D.; W. Williamson, M. D., and S. S. Guy, M. D., were appointed to report, at the next annual meeting of the Institute; an essay on Small-pox and on Vaccination as a prophylactic.

A. S. Ball, M. D., introduced a few remarks, which proposed

the use of Bromine and Proto-Iodide of Mercury in treating Membranous Croup.

C. D. Williams, M. D., presented the following resolution, which was laid upon the table:

"Since the practice taught in Allopathic Colleges is essentially empirical, and consequently cannot take rank with the scientific medication of Homœopathic Colleges; therefore,

"*Resolved*, That this Institute recommend to Homœopathic Colleges that they do not, in their terms of tuition and conditions of graduation, recognize a session spent in attendance at an Allopathic College as equivalent to one spent in a Homœopathic College."

S. Gregg, M. D., offered the following as substitutes for the seventh and eighth articles of the By-Laws, which were adopted:

"At each annual session of the Institute there shall be a board of five censors, who shall act until others are appointed, whose duty it shall be to receive the credentials of the candidates, and report such as may be found properly qualified to the Institute for election; and three of whom shall constitute a quorum.

Any person who shall have pursued a regular course of medical studies according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has complied with the above requirements, and that he sustains a good moral character and general standing, addressed to the Board of Censors and by them found satisfactorily qualified in the theory and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof, and upon the payment of two dollars shall receive a certificate of election.

At this meeting Wm. A. Gardiner, M. D., of Philadelphia, was elected General Secretary.

S. S. Guy, M. D., of Brooklyn, was elected Provisional Secretary, and S. R. Kirby, M. D., of New York, was re-elected Treasurer.

On motion, it was resolved to hold the next meeting of the Institute on the second Wednesday in June, 1853, in Cleveland, Ohio.

The Chairman appointed Edward Bayard, M. D., of New York, to deliver the next annual address, and H. P. Gatchell, M. D., of Cleveland, his alternate.

Jacob Jeanes, M. D., spoke feelingly of the death of William

Ingalls, Sr., M. D., of Boston, and R. M. Stansbury, M. D., of California. The latter was a native of New York, but went to California in 1849 on account of poor health. On arriving in Sacramento he was taken ill, and was treated in a hospital in which, after his recovery, he subsequently bought an interest, making it strictly homœopathic and attaining a reputation for it as the best institution of the kind in that section of the country. He died of Asiatic Cholera in November, 1850.

Dr. Ingalls was a graduate of Harvard University, and was Professor of Anatomy and Surgery in Brown University, retiring from his active duties in 1834. In 1842 he became a convert to Homœopathy, and was one of the committee appointed by the Institute to prepare a work on Topographical Anatomy. He died in September, 1851.

The Homœopathic Physicians of Cleveland were appointed a Committee of Arrangements for the next meeting of the Institute.

Drs. Jeanes, Neidhard, Williamson, Hering and Kitchen were re-appointed the Central Bureau.

The Secretaries and Treasurer were instructed to publish the proceedings of the meeting, the Address, Constitution and By-Laws, the resolutions now in force, and a list of the members.

On Wednesday evening at eight o'clock, the Institute met to hear the address of S. R. Kirby, M. D. His subject was "Homœopathy," and he dealt with it in a peculiarly attractive and convincing manner, sometimes approaching the humorous in illustration and argument. His faith in the truth of his theme received manifest approbation. He referred to the New York Academy of Medicine, an Allopathic Society which had been organized about five years before, avowing as one of its purposes the arresting of the progress of Homœopathy, and appointing one of their eminent speakers to address an audience of nearly four thousand people in their behalf.

The society had obtained a charter from the State, and their effort to annihilate the new system of medicine was taken up by the members of the Homœopathic School and the laity which was friendly to the new doctrine.

Dr. Kirby claimed that the people, as a mass, exerted a "sober second thought," which was a self-correcting power known as public opinion. He urged the enlightenment of the people on the subject of Homœopathy, stating that when they fully understood it they would correct the errors at present existing in the Old School method of practice.

He then called the attention of his audience to the fact that the cure of diseases and the understanding of the same did not depend upon the names which nosologists had given them. He advocated the use of attenuated drugs, the candid consideration of Homœopathy, and urged that the people be taught that small doses of medicine are efficacious in the cure of disease. He said that Homœopathy embraced the treatment of diseases, and that it had a law of cure, and a Materia Medica, the one being adapted to the other; that it was a complete system in itself, the system being one of facts and not of theory, and held that the practice of Homœopathy required that the totality of the symptoms present in a case should indicate the remedy required, on which point the two schools were at variance.

The doctor next referred to the Materia Medica and to Hahnemann's proving and recording the effects of the drug upon the healthy as an aid in establishing a pure Materia Medica.

He spoke of the opposition of the Allopathic School, and gave it credit for being honest in its opposition to Homœopathy, but said they judged it by the standard of their own allopathic views and methods, and not by the experiments by which Hahnemann proved his new discovery as to the proper law by which to be governed in the selection of a remedy. He gave several illustrations to enforce the views which he expressed in describing the kind of opposition which the new system was obliged to encounter.

The thanks of the Institute were presented to Dr. Kirby, and a request made for a copy of his address, which was published with the Proceedings.

The meeting adjourned, to convene at Cleveland, in June, 1853.

PROVING OF HEDEOMA PULEGIOIDES.

By Paul Allen, M. D.

Hedeoma puleg., the common English Pennyroyal, the German Poley, the Arabic Alnam, the ancient Greek Glachon, is one of the oldest remedies known, a common household herb long before the time of Hippocrates. Hippocrates and the old physicians used it as a tea for increasing the flow of urine, as a specific for stone in the kidney, and as a uterine stimulant.

For centuries pennyroyal has been considered a uterine tonic,

and the popular belief is that it is a very valuable agent for producing abortion, but the results show that miscarriage is only induced in weak cachectic women.

Hedeoma belongs to that large class of mints, common herbs, that have been cast aside by the medical profession as worthless, but which, if the results shown by this paper are of any worth, will prove to be of inestimable value in many uric acid conditions.

Ocimum, the only other mint that has been used to any extent, was prescribed by the late Dr. Dnnham for uric acid diathesis with large deposits of red sand, particularly if the patient was subject to pain in the ureters.

Hedeoma contains three bodies peculiar to the plant, three different oils; also formic and acetic acid, and likewise ischeptoic acid.

There are on record seven cases of poisoning.

Two provings have been made by myself.

Several of the poisoning cases are very meagre and of little value.

One teaspoonful of the oil, three drachms of the essence, seems to be almost a fatal dose, in one case only was abortion produced, and that from one ounce of the oil, followed by collapse and death.

The leading symptoms of the cases of poisoning are briefly:

Vertigo.

Dimness of vision.

Dilated pupils.

Nausea and vomiting.

Persistent severe bearing-down pains from the upper part of the sacrum and the region of the kidneys to the uterus, like true labor pains.

Frequent painful, scanty, burning micturition.

Small, rapid pulse.

Nervous weakness.

Cold, clammy extremities.

Case 7, reported by Dr. Toothaker, is by far the best.

The bearing-down labor-like pains and the scanty, painful micturition lasted for many days and was very severe.

Proving. I.

September 29 took 5 gtts. tincture (B.&T.) in 2 drams of water. In five minutes tasteless eructations, in fifteen minutes

eructations tasting of the drug, and as light warm ,uncomfortable feeling in the stomach followed and > by tasteless eructations.

September 30. at 10 A. M. took 10 gtts. This was followed in fifteen minutes by a slight aching in the right temple and very slight vertigo.

October 2' at 11 A. M. took 20 gtts. No sensations until 3 to 9 P. M. then a general warm, indescribable feeling in the abdomen, an uneasy desire to be rubbed, never amounting to a pain, yet wished I had 10 drops instead of 20.

October 6 took 15 gtts., no effect.

October 7, at 6 P. M. a dull frontal headache and indisposition to do anything. > rest.

October 23 took 20 gtts. at 10 P. M. This was quickly followed by a slight burning in the stomach and a few tasteless eructations.

October 24, at 9:30, on an empty stomach, took 1 drachm of the tincture. This was quickly followed by slight burning in the stomach and tasteless eructations. In fifteen minutes there developed a severe dragging, bearing down pain, rapidly increasing in severity, over the left hip in the region of the left kidney. This pain followed the left ureter to the bladder, a pain as if due to gravel passing. This caused intense desire to urinate; the more the urine was held back, the greater the pain, which was entirely relieved by a profuse flow, of clear pale amber urine 12 oz. at 10 A. M. the pain returned within ten minutes and gradually increased in severity.

At 11 A. M. 8 ozs. were passed; at 1 P. M. 8 ozs. were passed; at 3 P. M. 8 ozs. were passed; at 4:30, 8 ozs. were passed; at 6:30, 4 ozs.; at 7:45, 3 ozs.; at 11 P. M., 11 ozs.

Next morning passed 11 ozs.

All the day I took the drachm of tincture I had in addition to the pains already described dragging, burning pains at the neck of the bladder, which were acutely aggravated at the very beginning and end of micturition, and were greatly relieved while urinating.

The outside of the left hip was very sensitive to light touch, but not < hard pressure; more of a scalded, sore sensation.

These dragging pains from the kidneys to the bladder, along the tract of the left ureter, and the burning at neck of the bladder lasted for six days, gradually decreasing, but they caused such frequent desire to urinate that I was obliged to stop the proving.

The record I made of the amount of urine passed and the amount of urea and uric acid was unfortunately lost.

December 22 to 23, inclusive, took hourly one disc medicated with the 1x of *Hedeoma*.

December 22 passed 1410 c. c. and 17 grains of uric acid, urea 29 grammes.

December 23 passed 900 c. c. uric acid 39 grains, urea 26 grammes, 1031.

Was then obliged to stop on account of an acute coryza.

January 5 to 15, inclusive, took the remedy as before.

Without going into daily details, I will state the normal daily amount of urine was 1400 c. c., uric acid 14 grains; urinate normally five times a day; that during these eleven days I passed 11,000 c. c. of urine and 105 grains uric acid, instead of the normal 15,400 c. c. and 154 grains of uric acid, consequently there was stored up in my system about 50 grains of uric acid, and what was the result?

1st. I had slight flatulent pains in the lower abdomen, causing a desire for stool, followed next day by a large, spluttering, acrid, strong smelling diarrhœa, preceded by flatus and followed by slight tenesmus.

2d. Dull aching in the stomach not affecting the appetite, but > by hot drinks. This lame, weak aching seemed to be at the œsophageal end of the stomach. Three loose stools.

3d. Profuse odorless flatus.

4th, 5th and 6th. An increasing soreness of the third right thumb joint; very sore to touch, bending the joint caused sharp, stitching pains and a cracking which was audible. This pain gradually increased in severity as long as I took the drug, and persisted for six months afterwards.

During the same time the left tendo-Achilles became stiff as if sprained, especially on beginning to walk; after walking a few minutes it became limbered up and the stiffness relieved. It had at first a sensation as if it were swollen, yet it was not swollen. This swollen sensation and sprained feeling was especially noticeable on bending the ankle, < first motion, getting on and off the street cars was extremely painful, and I hobbled and limped like an old man. Soon the stiffness became worse and the tendon was swollen and hot and very sore to touch, walking or moving the foot very painful.

I also had an almost constant burning, dull pain over the left kidney, and a smaller pain in the transverse colon > by belching.

More belching of tasteless gas than usual.

Sleeplessness, but not restlessness. .

All these symptoms gradually increased in severity and became so severe, especially the pain in the thumb joint and the tendo-Achilles and the burning over the kidney, that I was obliged to stop the drug.

During the proving I urinated six times daily.

Clinical cases.

Case I.

I have prescribed this remedy in two cases.

One a lady of gouty, rheumatic tendency, who had dragging burning pains in the left ureter going to the bladder and was passing quantities of "red sand." The pain lasted for ten days. *Hedeoma* 1., on discs, was given, one disc every two hours. Complete relief was obtained after two doses.

Case II.

A man of 60, very fond of champagne, was bothered by constant burning irritation at the neck of the bladder, which caused frequent intense desire to urinate and an inability to retain his urine for more than a few minutes. He always had marked relief on urinating. Urine retained in the bladder increased this irritation at the neck of the bladder and also caused an uneasy pain in the right testicle.

These symptoms had been more or less persistent for months and the attacks always lasted days at a time. Complete relief was obtained after one or two doses of *Hedeoma* 1. He is never without a bottle of the remedy in his pocket.

3 E. 48th St., New York.

PEDIATRIC MATERIA MEDICA.

Ferrum Metallicum.

By Thomas G. Roberts, M. D., Chicago.

Ferrum metallicum is especially adapted to patients with the sanguine temperament, peevish, quarrelsome disposition; become angry from the least contradiction, exceedingly disturbed by slight noises, like the crackling of paper. The *Ferrum* patient frequently has the leucophlegmatic constitution. *Pseudo-plethora is the grand keynote symptom.* Although the patient is anæmic,

he presents a plethoric aspect. *Weakly persons with fiery red faces*, ashy, pale or greenish face.

The face, lips, and mucous membranes are very pale, but *become red and flushed on the least pain, emotion, or exertion.* Parts ordinarily red, or reddish, like the face, lips, tongue, and mucous membranes become pale. Red face is characteristic, but frequently the face or other red part is not warm. *Cold congestion is a marked characteristic of this drug.* A very peculiar symptom is *chill with red face and thirst.*

Vertigo, as if on water, or from seeing running water; vertigo on descending. Hammering, beating, pulsating pain in the head. Pain in the teeth is relieved by holding cold water in the mouth.

Canine hunger alternating with complete loss of appetite. Spits up his food by the mouthful.

Food lies in the stomach all day and is vomited at night. *Vomiting immediately after midnight; vomiting of ingesta as soon as food is eaten.*

Painless indigested stool at night or while eating or drinking. Cough with vomiting of food. Cough that prevails only in the daytime, relieved by lying down and by eating.

Great erethism of the circulation. Symptoms resembling those following the loss of much blood. General hæmorrhagic tendency; venous hæmorrhage. Venus stasis, from vaso-motor paresis of the vessels. Dropsy after the loss of vital fluids, abuse of quinine, or suppression of intermittents.

The *Ferrum* patient is much affected by extremes of heat or cold, but is, upon the whole, a cold as well as a sensitive subject.

Aggravation from rest, particularly while sitting, and at night, especially after midnight.

Always better walking slowly about, although weakness obliges the patient to lie down.

Inner Head. Hydrocephalus with open fontanels and great anæmia.

Nose. Epistaxis in children suffering from anæmia; color of face changes frequently.

Upper Face. Children with *very red faces.*

Face flushes easily on the least pain, excitement or exertion. Face very pale, but becomes red and flushed on the least emotion, exertion, or pain.

Ashy, pale or greenish face.

Teeth and Gums. Dentition with persistent diarrhœa; the painless stools consist of mucus and undigested food; stools sometimes excoriating and exhausted.

Face flushed, or has red spots on each side; vomits nourishment soon after taking it; slow dentition. *Toothache momentarily relieved by cold water.* Great paleness of gums.

Taste. Children complain of a disagreeable taste of blood in the mouth.

Appetite. Canine hunger, alternating with loss of appetite. Anorexia; great aversion to all food. Children accustomed to meat suddenly dislike it. *Meat disagrees;* can only eat bread and butter; appetite for bread. Aversion to eggs, beer and ale, hot and sour things.

Eating and Drinking. Eructations and regurgitation of food in mouthfuls (*Phos.*) after eating, without nausea and inclination to vomit. *Vomiting or diarrhœa after taking nourishment* (*Ars.*).

Vomiting. Vomiting as soon as food has been taken. Frequent and easy vomiting of food. *Vomiting of food with fiery red face. Vomiting of food immediately after midnight,* followed by aversion to food. Vomiting of infants.

Stool. Undigested stools coming on as soon as the child attempts to eat. The child has a fiery-red face, and frequent diarrhœic stools corroding the anus. *Undigested stools, with easy vomiting of ingesta; very red face.* Undigested, painless, sometimes involuntary stools, which are apt to occur during a meal.

Desire to go to stool as soon as anything touches the stomach. *Hungry, but eating brings on diarrhœa.* Lienteric stools coming on just after midnight, sometimes accompanied by periodical vomiting. Valuable in "summer complaint" or cholera infantum with lienteric stools; emaciation. Children suffer from chronic, watery diarrhœa without pain or effort, worse just after midnight, and after eating or drinking; undigested stools (*Cinch., Phos., Phos. ac., Podo.*). Diarrhœa, in teething children, *with flushed face; stools undigested,* and sometimes associated with vomiting; the diarrhœa and vomiting come on immediately after taking nourishment. Slimy stools with ascarides. Constipation from intestinal atony; ineffectual urging to stool. *Stool hard and difficult, followed by backache.*

Rectum and Anus. Prolapsus recti. Ascarides cause itching of anus at night. Helminthiasis; seat worms cause itching in anus at night; wretched complexion. Itching from ascarides prevents the child from sleeping.

Urinary Ograns. Urine passes involuntarily at night, and also by day, when the child is walking about. Incontinence of urine, worse during the day, but the bed is flooded several times at night; urine smells like strong ammonia and stains the sheets very dark; yellowish clay-colored sediment adhering to sides and bottom of vessel. Nocturnal enuresis; urine dark red, sometimes with mucous sediments; irritability of the trigone and cervix vesicæ. Urine as clear as water in anæmia.

Respiration. Breathing dry, loud, anxious; sometimes rattling. Respiration difficult with oppression of chest, as if some one pressed with the hand upon it.

Cough. Spasmodic cough after taking nourishment, with vomiting of all foods taken.

Cough with vomiting of food. Cough only in the daytime (*Euphr.*). Thin, scanty, frothy sputa with streaks of blood. The spasmodic cough sometimes *ceases immediately after a meal*, but usually comes on *after a meal, with vomiting of food.*

Pertussis; child *vomits food* with every coughing spell; *great pallor and weakness.*

Whooping cough, dry in the evening, with copious, purulent, blood-streaked expectoration in the morning, and sour vomiting of food; cough immediately relieved by eating a small quantity of food (*Spong*).

Lungs. Hæmoptysis in young boys or girls predisposed to consumption, and who are in the incipient stages of phthisis florida.

Phthisis pulmonalisin young florid subjects, with *great erethism of the vascular system*, and inclination to thoracic congestion. This remedy should be used with great caution in all tubercular cases, Hæmoptysis has often been calledby its injudicions use.

Pulse and Circulation. Irregular distribution of blood in young persons of either sex. Anæmia in children that *look plethoric* and are subject to congestions; pale mucous membranes; nun's murmur is heard in the veins.

Motion and Rest. Better walking slowly about. Worse on first beginning to move, but relieved by continued gentle motion, though weakness may compel the sufferer to sit or lie down. *Worse from rest, especially sitting still.*

Nerves. Restless, impelled to walk about slowly. A *nervous erethistic condition* is present when Ferrum is indicated. Very weak and tired, but always relieved by walking slowly about.

Sleep. Bad sleep before midnight. The pain *forces patient*

to get out of bed at night, and *walk slowly about.* Child cannot sleep in account of itching from ascarides.

Time. Restless sleep before midnight; after midnight, the headache is worse. Immediately after midnight vomiting of food occurs.

Fever. Chill with red face and thirst. Coldness of the body. Heat with very red face and inclination to uncover.

Tissues. Pseudo-plethora; subject to congestions yet anmæic; face earthy, flushing easily. Red parts become pale. Maramus with frequent vomiting of food; stools undigested; redness of face; child pale add delicate. Anmæia. Dropsy after loss of vital fluids, abuse quinine, or suppressed intermittent fever. (*Carl. v. Cinct.*)

Skin. Skin *ashy, pale*, sallow, greenish, dirty, flabby. Sometimes of use in scarlatina during the stage of desquamation.

Temperament. Sanguine, choleric temperament; peevish, quarrelsome; least contradiction angers.

Relations. Complementary to *Alumina* and *Cinchona off.* Aggravates syphilitic conditions. Must be used with caution in tubercular diseases.

Incompatible. Beer and tea.

Compare: Borax, Anacardium, Spongia, Cinchona, Phosphorus, Selenium and *Thuja.*

Aggravation. At night, especially just after midnight; at rest, particularly while sitting still.

Amelioration. Walking slowly about; in warm weather.

OUT-DOOR AIR IN THE CURE OF DISEASE.

By J. Henry Hallock, M. D., Saranac Lake, N. Y.

Read before the Homœopathic Medical Society of Western Massachusetts December 19, 1900.

At the request of your Chairman of the Bureau of Materia Medica, I will endeaver to give you something from my five years' expirience as a fresh air taker and prescriber.

Previous to my discovering that I was in an advanced stage of tuberculosis I had given but little hard thought to the subject, and on starting out found myself ignorant in many ways.

Almost every person I met, whether physician or layman, had some good advice to offer.

I had supposed consumption to be regarded as an incurable disease, but instead found any number offering me a positive cure if I would only follow their advice, which ran from sawdust pills to rolling a barrel of whisky into my cellar and curing myself with rock and rye.

Fresh air was not then as much talked about as at present, and one had not as sure rules to guide them, yet I decided that this must aid my remedies if I wished to recover, but it was no easy matter to choose a climate. Many states hold enviable reputations, but, preferring a location as near home as possible, for many reasons I chose the Adirondacks of New York State, and I believe there are but few better places.

It is never an easy task to guide a case of tuberculosis so that it will keep on the sure road to recovery, and as I then lacked experience I made many mistakes, among the most important of which was over-exercise, over worry, finding too many excuses to remain in-doors when I should have spent my whole time out; I made mistakes in eating and sleeping, and in almost everything else I did.

To a person unaccustomed it would seem unsound advice to insist upon a delicate patient going out early in the morning and remaining out all day, coming in only to eat and sleep, using a hammock or bed, if unable to sit up, and doing this even though the weather is cold enough to require fur coat and mittens.

Perhaps the patient had arrived the day before wearing two chest protectors, three shirts, a sweater and a chamois vest, and telling you they were so sensitive to the air that they had hardly been to the door so far all winter, and the last time they did they took cold.

Such a patient, after a few days breaking in, can, with safety, remain out the entire day, and sometimes in such patients we see a most rapid improvement. But if they really have well-established tuberculosis the process of repair usually takes place very slowly, the wonder being that it takes place at all. But patience usually brings results, providing we are following right methods and have not delayed our treatment until the disease is too much advanced.

My first perceptible gain commenced after I had began to sit out quietly all day on a porch without other exercise, and such a porch as my first one was. It was in a small village on the west side of the woods, gaining its elevation by being on top the

highest peak in the locality, and not only was the hill wind and storm swept, but the porch had no cover, and I have often, after being out all day, found myself so snowed under that I had difficulty in getting out of my chair.

While fur coat, robe, cap and mittens can keep a patient dry and warm it is a great mistake to locate where the hard winds can strike. Just as much air can be had on a sheltered porch in a place so located that it has the necessary elevation and is at the same time protected by surrounding mountain peaks.

While I make a specialty of lung diseases and treat more of those than of other cases, still I have seen wonderful improvement in many forms of chronic ailment follow an out-of-door life here.

Digestive troubles, kidney troubles, asthmatics, hay fever, anæmia, nervous prostration, etc.

I remember a case of nervous prostration that had resisted many forms of treatment. A girl, seventeen years old, came with her mother, who was so solicitous that it was hard to get the daughter started in the right way. But at the end of a month there was such a marked gain that her mother could not keep her in; she disliked even to come in at bed time. She wore no hat, and as it was summer went most of the time with bare arms. I lost track of the case after she returned to the city, but she left, after a six months' stay, the perfect picture of health.

While I believe in homœopathic remedies and believe them a great help in every case, even in the worst cases of tuberculosis, still there is nothing that will more quickly reduce a temperature, restore a lost appetite, give a good refreshing sleep than a life spent entirely in the open air.

Every physician must have tubercular cases who are unable to leave their homes for lack of means, and this should be the only excuse unless it should be the advanced stage of the disease. For such patients much can be done by having them rig a movable shelter for the porch, if they have one, or for their yard, a few rough boards or a frame for canvas. This should have a cover to keep off storm and be so arranged as to allow for changing winds. Even a small city yard can give great aid and relief to many sufferers, and the results obtained have been very good. It will be found a great improvement over a tight room. But it can never take the place of a high mountain resort, properly located, with surrounding mountain peaks to break all rough

winds, a rocky or sandy soil, an ozone laden air, due to elevation and thousands of acres of surrounding forests to purify every breeze. Also the example of others sitting out and following the proper course makes it easy for them to fall into the correct way without any great struggle.

In caring for more than a hundred tubercular patients annually I meet many interesting cases, but which one would be most interesting to a body of physicians like this is hard to decide. I will venture, however, to report one which came to me last spring. It was of interest personally, for it is rare such rapid results are attained.

Mrs. B., aged 27, of English parentage, sent me from the southern part of the State, had suffered an attack of pneumonia in her right lung two months before. She had made a slow recovery, for, evidently, not only had the germs of tuberculosis been deposited in her lungs, but there had been an unrecognized destructive process taking place previous to the pneumonia. I found her in bed next day after arrival, with a temperature of 103, suffering with severe pleuritic pains. She was emaciated, anæmic, coughing almost every breath, raising a pint cup full twice daily. She had night sweats and diarrhœa. Her stomach could take but little nourishment and that digested poorly. Examination showed a good-sized cavity at the right apex, a consolidated area at the left apex and considerable pleuritic effusion at the lower part of right lung which, with the quantity of pus and elastic lung tissue she was expectorating, caused me to make a most unfavorable prognosis. But *Acon.*, *Bry.*, *Hep.*, *Sul.*, *Phos.*, *Sanguinaria*, *Bacillinum* and wide open windows soon put her in shape to be carried on the porch, but from this her gain seemed slow for the first two months. After that each day marked a gain until at the end of six months hardly an abnormal symptom remained. She had gained in flesh and strength and evidently thought herself well, for she informed me one morning that she was going to England to see her parents and I have not heard from her since. While with the ocean voyage her improvement may keep on, I feel that she made a great mistake in not remaining longer; for such cavities require time to permanently heal; a year is a short time for such a patient. Usually those patients who insist on going back to unfavorable surroundings with only an arrested disease soon find active trouble starting again. But of those sent home as cured during several years I have only few relapses to report.

MEPHITIS.

By Thos. M. Stewart, M. D., Cincinnati, Ohio.

Patient, male, aged 47. Constant hacking cough; often required to cough during a conversation of only a few moments' duration; feels that he must cough to dislodge something; slight relief on coughing up plugs of gluey mucus.

Elongated uvula was first amputated. After recovery from the operation, and allowing some time to elapse, patient reports "Coughs after reading aloud or drinking any fluid; cough is spasmodic, hollow and hoarse, worse at night and on lying down; cough loose in mornings. *Ambra*, *Chamomilla*, *Kali bichromicum*, *Rumex* and *Phosphorus* failed to give decided relief. *Mephitis* 1m. relieved promptly, and a few doses are all that have since been needed at infrequent intervals.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF COLORADO.

This is a handsome little book, paper covered, of 94 pages, and gives the Transactions of the fifteenth annual session. Here are a few pickings from its pages:

Homœopathy a True Science.

Dr. C. W. Enos concluded his paper on "Scientific Medicine" as follows: Hear what Dr. Hawkes, of Chicago, said a few years ago in his opening clinical lecture before the students of Hahnemann Medical College: "Homœopathy being a science under a rational law, the physician knowing all the knowable of his profession takes each step with as much assurance and confidence as does the practitioner of any other science." He said in proof of the claim that Homœopathy is a science, "I will undertake, as the patients are brought before us to-day, to tell the remedy that has been prescribed in each case when the patient has been positively benefited without my having had communication with the patient or house physician in regard to the disease or the remedy. I will also undertake to indicate the remedy which has not been prescribed in curable cases, where no improvement has resulted."

Homœopathy is a true science. The demonstrations and provings of the law for one hundred years and more have not disturbed the basis "similia," but on the other hand have confirmed the scientific truth of "similia similibus curantur."

Relation of Homœopathy to Gynecology.

Such was the title of S. S. Smythe's paper from which we clip the following encouraging words for the true homœopathic physician:

The first to protest against this extravagant application of surgical methods in pelvic disorders were some of our leading homœopathic surgeons. The successful use of homœopathic remedies in the treatment of uterine and ovarian disease soon convinced the members of our school that surgery was not first in importance, and this had more to do with changing the current of opinion than any other one factor. Women have come to understand that surgery is a question of secondary consideration, and that in many of their most serious ailments a faithful adherence to well-directed homœopathic treatment promises the most certain and lasting relief.

The ovaries are no longer sacrificed except for most cogent reason, and diseased uteri are given the benefit of careful medical treatment before being condemned to the more radical measure of complete obliteration.

Though the success of Homœopathy in the treatment of pelvic diseases has greatly narrowed the field of pelvic surgery, it has also modified and improved it. Pelvic therapeutics must now be considered of first importance, and surgery a necessary adjunct to successful and complete gynecological practice.

The Use of the Single Remedy.

Dr. Edwin Jay Clark paid his attention to the "combination tablet" in the following vigorous words:

Can the intelligent physician do better with combinations than with the single remedy? Eperience answers, No. The physician who prescribes a mixture acquires no knowledge that helps him in the treatment of the next case, as a result of the success or failure obtained in the last one. He adds nothing to his scientific acquirements. Though he may imagine he knows just what was what, and what was not what, his knowledge of therapeutics dwindles and he has nothing of value for himself or the profession. He gropes in the dark, sometimes accidentally

securing a cure, oftener only suppressing the evidence of disease and more often complicating the case by intermingling in an inextricable manner the natural diseases with many drug diseases, making a cure impossible and a restoration to health unattainable this side of the grave.

* * * * * * * *

As I look back over the years of my practice and contemplate its results from the time I had sunk so low in the scale of medical degradation as to attempt to save my gray mother by prescribing combination tablets on to the time when I prescribed single remedies in alternation, and up to the present, when I am trying as I never tried before to practice Homœopathy, I realize that my success has been proportionate to my approach to the ideal scientific application of the law of cure. I also notice a peculiarity in the use of the single remedy prescribed scientifically in that it conduces to good health and freedom from disease, both in themselves and in their offspring, a result to be deplored by the physician whose ideal is sordid, but a condition to be earnestly desired by every physician having the betterment of his race as his high ideal.

Diseases of Women.

Dr. Marian Wall Roberts, Leadville, Colo., after stating that she had much help from Yingling (*Accoucheur's Emergency Manual*) and Burnett goes on to say:

The more I use Burnett's suggested remedies the greater success I have in my work. Especially let me suggest to your study and application, *Arnica*, *Hypericum*, *Bellis per.*, *Bursa pastoris*, *Fraxinus Amer.* and *Naja*.

I use *Arnica* so often and with such good effect, that I wonder if I am not becoming *Arnica* biased, yet when I see its work I know I have made no mistake in tying to it so closely.

Naja has been of inestimable value to me, especially in left-sided ovarian troubles, either with or without heart complications. I feel that I am a mere beginner in this work, but the successful cases I have had made me dissatified with anything but a *perfect cure* by the perfect method "Similia Similibus Curantur." One remedy at a time, one dose if possible.

"Only a Homœopath."

The following is from a paper by E. J. Clark, and is too good to pass:

Mrs. F., æt. about fifty-five, was feeling quite poorly and sent for the family physician. She did not improve under treatment, but rapidly grew worse and became desperately sick. He diagnosed the case as typhoid pneumonia, and as the treatment failed to relieve counsel was called in, and still the case grew more desperate, and more counsel was called in, until there were five of them, enough to kill a half dozen women.

The case had now been running ten days, and they all met in consultation and finally decided that she could not live longer than until midnight. The family were so informed, and the doctors administered a large dose of *Morphine* to save her from suffering, and left another powder with directions "that if she arouse to give it and make her death as easy as possible."

Her sister was with her, and after the doctors left—it was then four o'clock P. M.—she begged them to send for Dr. Clark, her family physician. They objected, saying that he is nothing but a Homœopath; and what could he do with nothing but sugar pills when all the doctors with strong medicine couldn't help her? The aunt said to the children, "I know they have given your mother up to die, and she may die in spite of anything that can be done; but while there is life we ought to do what we can, and I want you to send for Dr. Clark, and if he can't do any good he will do no harm; please send for him right away and I will pay for his visit."

They sent the youngest brother, telling him not to tell the doctor anything about the case, and when I asked him what the matter was he said they told me not to tell you anything. I found all the family crying, and without a word they pointed to the room in which the mother lay, and I distinctly heard heavy breathing and moaning.

The sister met me saying, "I have had hard work to get you here, and now I want you to do all you can."

I asked about the case, and she replied "that the family didn't want me to tell you anything, they want to test you. I will say, however, that she has been sick for some time and given up to die." With this information I took my time to make a thorough examination. The patient was in a dead stupor; stertorous breathing and moaning; the eyes dilated, face dark red and features distorted. I examined pulse and respiration. Pulse full and slow, respiration irregular and breathing heavy. I placed my hand on the chest to get the respirations and the

sister said, "that lung is all gone." "Indeed," I remarked, "the air seems to find its way through it." I then moved my hand down over the abdomen; it was full and hard, a slight pressure made the patient groan. A careful examination revealed the fact that the bloating was local, directly over the bladder, and that the sides of the abdomen could be indented. I turned to the sister and asked, "How much urine has this woman been passing?" She replied, "Only by drops for the past three days." I then took out my catheter and drew at least six quarts of urine. I did not know that the bladder could hold so much, but it did, and I relieved it just in time to save it rupturing.

The doctors had said "that it was the last state of the disease, and dropsy had set it."

I prescribed *Nux*, which I nearly always do when following old school treatment. I told the family that they might dry their tears, for I had found their mother's lungs and she would now get well. They had told them that her lungs were gone and there was no hope of recovery. Under *Cantharis* and *Arsenicum* she improved rapidly, and on the third day was able to sit up and have her bed made. She went on to full recovery, and we scored one more for Homœopathy.

Exophthalmic Goitre.

Dr. W. A. Burr gave in detail a case of goitre in which everything reported of use had been tried, with no good results until he took the totality of her symptoms, and this led him to the unlooked for teminus, *Pulsatilla !* And a *cure* followed.

FELONS, CARBUNCLES AND BOILS.

Editor of the HOMŒOPATHIC RECORDER.

I have often thought of sending you a few items to show the superiority of medicine over surgery in cases that are called surgical.

1. A Mr. Ellises, a master ship builder, was on his way to a surgeon to have a frog felon lanced. I said, if you are not in a hurry let me see it. He turned back home to show it me. I found the hand very much swollen, very red, and so painful he could hardly bear it. I told him to put off the lancing until the morning, and take the medicine I fixed for him, and if not better

then he could get it lanced; but if better to come to my office, and I would give him medicine in a form he could carry around with him and remain at work. He came to me in the morning; the swelling was much less, he could move his finger freely, and he wanted the sugar globules. In the few days that followed he was perfectly cured. After a time he broke the skin over where the felon was forming, and I took out the dead and dried matter, thus saving this man several weeks of suffering and distortion from the injury by surgery and the formation of cicatricial tissue.

Just one more. Felon on the forefinger of a butcher, who had poisoned it by running a sliver of bone into it. He had poulticed it for three days before I saw it. I gave him my usual remedies, *Arnica* and *Sulphur*, and cured the finger in a week.

A carbuncle case. Mr. Vail, an old gentleman 70 years of age, had been kept at home for a week suffering from a swelling at the back of his neck. When he came to me he did so because he would not have it lanced. It was the largest I ever saw, and the pain was almost unbearable. His head felt so large and heavy; from this I suspected erysipelas, and so I found the purple or blue color extended to the crown of his head. The carbuncle was spouting out of two lower holes, and there was seven others ready to discharge. I gave *Belladonna* and *Lachesis* to control the erysipelas, and *Silicea* for the pus formation. Next day the pain was so reduced that he could bear me to dress it; the discharge was much less then from its size than one had a right to expect. I dressed it three mornings, the discharge less each time. The erysipelas was fully controlled, the skin puckering and pealing off. *Arnica* and *Sulphur* completed the cure in five days. He promised to come to my office if he had any more trouble. He went to his business, and I have not seen him since.

Yours truly,

ROBERT BOOCOCK, M. D.

Flatbush, L. I.

LEACH VS. STERNBERG.

The famous "man from Texas," Dr. R. B. Leach, now of St. Paul, Minn., is after the scalp of Surgeon General Sternberg and it looks as though he might lift it. The whole trouble seems to be in the fact that Dr. Leach is a homœopathic physician; also he is the father of the arsenization theory. Of this latter fact

there is simply no question. Now arsenization has come to the fore in some other countries, as will be seen by the sub joined translations, and they give Dr. Leach credit:

TRANSLATION OF LETTER TO DR. LEACH.

San Paulo, Brazil, Decebmer 8, 1900.

Dr. Alfonso De Asevedo, Medical Practitioner.

Reginald B. Leach, M. D., St. Paul, Minn., U. S. A.

My Dear Colleague:—Ascertaining that you are a propagandist of arsenical prophylaxis of yellow fever, I proffer the information that I have been using arsenious acid (arsenization) in the prevention of yellow fever since 1893.

As Sanitary Inspector I have been witness to six manifestations of yellow fever epidemics in the interior of the state of San Paulo.

In my work—"Contributions to the clinical study of yellow fever at San Paulo," published in the Jornal do Commercio of Rio de Janeiro (January 17, 1900) you may see and read my observations.

In the treatment also in yellow fever I use arsenic and obtain an average mortality of only 3 per cent.

Deign to accept the salutations of your colleague.

Lfonso De Asevedo
Physician of Sanitary Inspection at San Paulo, Brazil.
Largo Sagrado Coracao de Jesus.

TRANSLATED FROM-LA PROPAGANDA, CITY OF MEXICO.

The eminent North American physician, Dr. R. B. Leach, of St. Paul, Minn., has presented to the Senate of the United States his interesting work upon the prevention of the infectious ailments (Asiatic cholera, yellow fever and bubonic plague). He calls attention of the government to this vital issue, which has so much of interest to the States affected and which demands serious consideration,

The statistical data gathered by Dr. Leach and Brazilian physicians enter into the proportion of the mortality and all known methods of treatment, including his own, and he demonstrates that homœopathy has saved the greater number of those infected with yellow fever and cholera than any other curative system.

Now let Sternberg recognize the just claims of Dr. Leach.

This is clipped from the *Medical Record* of February 9th. Wonder what would have been the result if instead of all that science there had been the "indicated remedy"? A live child probaly.

"Progressive Diphtheria with Early Serum Therapy.—Trumpp reports a case of laryngeal diphtheria which terminated fatally in spite of intubation, tracheotomy, and the injection of six thousand antitoxin units."

OBSERVATIONS ON ACUTE RHEUMATISM.*

Homœopathic Treatment vs. The Salicylic Acid.

By Dr. Wapler, Leipzig.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Z.*, December 6th, 1900.

My theme was proposed orginally as "The Homœopathic Treatment of Acute Articular Rheumatism;" but in consequence of peculiar circumstances I was compelled to limit my work more closely and to give it the above title, and I must request my honored colleagues to favorably accept my more limited thesis. To properly treat the very extensive theme which I was appointed in Elberfeld to treat I did not have the time, and also soon found that a harmonious presentation of the treatment of acute articular rheumatism according to the views of high potency and low potency men is not well practicable in one thesis. So I thought it was best to divide the theme, and to allow a representative of high potencies and a representative of low potencies to present their several views.

I therefore here present what is my particular theme: "My Observations on Acute Articular Rheumatism."

The first severe case of disease, which came to me in the year 1895, when I first settled down as a homœopathic physician, was a case of hyperpyretic articular rehumatism, which I succeeded in curing and which served to pave the way for further practice. This fact, in connection with the circumstance that I know rheumatism from personal experience, may explain why rheumatism is to me of especial interest. The number of regular cases of rheumatism—I do not include rheumatoid cases—treated by me in the last five years is 57.

Of these 57 cases eight were closely observed, having been treated in our hospital. Of 38 other cases I have very exact data, having been able to treat the course of the disease to the end, so that these may be used with approximately the same certainty as the hospital cases, at least with respect to the duration of the disease, the resumption of work, and the appearance

*An address delivered at the 68th General Meeting of the Homœopathic Central Union of Germany in Dresden.

of complications. Of the 38 cases last mentioned 20 were lodge members, the other 18 being private cases. I have, therefore, 46 cases as an actual basis for my observations.

As to the duration of the disease, that may be reported on with great variety, according as we view the termination of the disease as equivalent with the end of the fever, or with rising from bed, or with the resumption of work. In my eight hospital cases these numbers average as follows: Cessation of fever on the seventh day, leaving bed on the fourteenth day, dismissal from the hospital on the twenty-fifth day, and resumption of work on the thirtieth day.

We are sorry to say that these four stadia have not been kept duly separated in the statistics presented by allopaths; we only receive information with respect to one or another of these points, never with respect to all of them.

Now, as to *fever*, it would appear that according to the statistics presented in the allopathic text-book of Pribram, the duration of fever, when there is the *Salicylic acid* treatment, is shorter in average than with my treatment. Bæumler and Owen, *e. g.*, report not quite four days' duration: Harvilland Hall reports five days; Coupland, Finley, Lukas, Warner, Fritz, Levy and Pribram exactly six days, and only Bad reports eleven days of fever. According to these authors, patients are free from fever on the average of six days. Since in these statistics complicated and uncomplicated cases were included, while in my hospital there was not a single case of *fresh* complication, it would seem that the removal of fever under our treatment takes somewhat more time than in the *Salicylic* treatment of the Old School. But the matter turns at once in our favor when we compare the length of the treatment. Among the nine reporting clinical practitioners, only one, Owen, has a less number of days than we; *i. e.*, 23 days; the next one is Pribram, who reports 429 cases carefully observed, with 29 days, while the highest, Ryssel, reports 38 days. The average of their duration of hospital cases is 32½ days, while in our hospital the average number of the days of treatment was 25.

Eight clinical cases would not, indeed, prove much; but in my 38 private cases and lodge cases I obtained almost the same result as in our clinique, namely, a duration of treatment of 24 days. In these 38 cases the date of dismissal from hospital is considered as equal to the dismissal of cases as cured. If we take

merely the lodge patients, I, indeed, receive exactly the same results as in the clinique, namely, 25 days. Since my observations extend over five years, during which the "genius epidemicus" was varied, the fact that the same result was reached in the hospital shows that there is no mere accident, but that these facts are due to the peculiar therapy used.

In my hospital cases work could be resumed on the thirtieth day. With my lodge patients this resumption fluctuated between 8 and 96 days, but the average was about 30 days, to be quite exact, 29.5 days. Thus it will be seen that in this class of patients the duration of treatment, as well as the time of resumption of labor, shows almost exactly the same mathematical result as in the hospital. Lodge patients are better suited for comparisons than private patients, because, through the control of the lodge books, there is a more sure report of the time of the resumption of labor. With women we have put the time of their resumption of domestic work as equivalent with the resumption of labor. A corresponding computation of my 18 private patients gives an even somewhat more favorable result, namely, 28 days.

While with the exception of fever, we can very well sustain the competition with the old school as respects the duration of the disease and the resumption of labor, our method beyond all doubt gives better results as to the prevention of complications with heart disease than the *Salicylic* treatment of the old school. Among my 46 cases there were 24 cases of fresh rheumatic cases, and there is only one case of fresh endocarditis, or to express myself more cautiously, there was only one case in which endocarditis could be diagnosed *intra vitam*. For it is well known that especially in this disease of the heart men are very liable to make mistakes. In cases where during life no noises could be perceived, dissections have disclosed well-defined valvular changes, while on the other hand autopsies have shown nothing the matter with the heart, though there seemed to be a indisputable diagnosis of heart disease.

So much I can declare with certainty, that with the one exception noted, there was no recognizable case of endocarditis. Expressed in per cents this would show exactly 2% of complications with heart disease or 4% if we only take in consideration the fresh or recent cases.

In contradistinction the authors above cited give the number of complications with heart disease in *Salicylic* treatment at

8–60%. The exact and conscientious Pribram computes it at 44·75%.

The favorable results of our treatment with 2 to 4% of complications with heart disease, I believe, should be attributed to one remedy, namely, *Benzoic acid.* Only two of my rheumatic patients out of 46 did not receive any *Benzoic acid*, and this because *Benzoic acid* in no wise corresponded with their symptoms. One of these two cases was a woman of thirty, with whom rheumatism was complicated with catarrhal jaundice. Here a rapid cure was effected through *Bryonia* 3, alternating every four hours with *Natrum sulph.* 2. The second case was a boy of ten years of age whose rheumatism had developed from *Erythema nodosum. Apis* 3 and *Ferrum phosphor.* 4 were the remedies here indicated, which, in connection with sudatory treatment, effected a cure in fourteen days.

I would especially note that the only case of rheumatism combined with recent endocarditis was not treated with *Benzoic acid* before the complication with heart disease had developed. This was the case mentioned above, of hyperpyrexia. The temperature which I took myself, in the axilla, was 107! The disease in this case started from the beginning with extreme violence and with a severe disturbance of the kidneys. Taking the symptoms together, especially the extreme acidity of the urine, seemed to me at first to indicate *Nitrum.* But when the complication with heart disease set in, soon followed by pleurisy, I passed over at once to *Aconite* 2 and *Acidum benzoic.* 2. After the acute symptoms had disappeared, I prescribed *Arsenicum* 4. In spite of the violence of the disease, the patient recovered, and this in the comparatively short time of 46 days, and the heart disease (insufficiency of the mitral valve) has so far diminished that now, after almost five years, only a practiced ear can discern it.

I am convinced that besides *Aconite* and *Arsenicum, Acid. benzoic* has a great part in these good results, although it was only given after these complications had developed. For this opinion I find a support in Farrington, who recommends this *Acid* as well as *Lithium, Ledum* and *Kalmia* in deposits upon the valves of the heart; its special indication is the sedimentary urine of a peculiarly strong odor. Also Dewey emphasizes the fact that *Benzoic. acid* is useful in articular rheumatism, especially in those who have heart disease. Among German authors it is

especially Puhlmann, who recommends it warmly for the prevention of heart disease.

Of provings of *Benzoic acid* on healthy persons we have especially the compilation made by Dr. Const. Hering in 1854 and reprinted in Grauvogl's Manal of Homœopathy, 1866 (vol. II, p. 3, etc.) This still leaves much to be desired, but yet it shows clearly that besides its ability of causing rheumatic pains in the limbs, and of changing the urine, *Benzoic acid* has a special relation to the heart. The proves had palpitation of the heart (especially at night), pain in the cardiac region and dyspnœa. The latter is probably caused in part by the action on the lungs. I myself have found several times an accelerated pulse in patients to whom I was giving *Benzoic acid* in cumulative doses.

I would not omit to state that also representatives of the old school have observed that *Benzoic acid* is able to prevent complications of the heart, aud this as early as 1877. Prof. Pribram writes in his Manal, published in 1899, on Articular Rheumatism (p. 489): *Benzoic acid*, closely related to *Salicylic acid*, and *Benzoate of soda* were recommended in 1877 by Senator in cases in which *Salicylic acid* refuses to act or cannot be borne. Senator gave as much as 10 to 12 grammes of the acid and 12 to 15 grammes of the Benzoate (in a powder, ½ to 1 gramme every 1 to 3 hours. The soda salt. which is preferable, may be given in a solution of 10 to 15% in aromatic water, with or without the addition of sugar. Twenty-two cases treated only with *Benzoic acid* or with the *Benzoate* were cured within 2–11 days. There were no relapses and no other complications. Four cases that had been ineffectually treated with *Salicylic acid* were cured or improved by *Benzoic acid*; in six cases *Benzoic acid* would not act and *Salicylic acid* effected a cure. On the whole, *Benzoic acid* is less effective than *Salicylic acid*, but it can be given in larger doses, is relatively cheap and has not shown any toxic effects in the cases observed so far. One striking feature is the apparance of a strongly reducing substance in the urine. Kobert, who on the whole corroborates the favorable report of Senator, advises to stop the *Benzoic acid* as soon as this reducing substance appears in the urine, as he has observed in his experiments on animals that under such circumstances its toxic effects begin. *Carpaui* (18 cases) ascribes no clearly antipyretic effects to *Benzoic acid* and very little analgetic effect, Before we had better substitutes

for *Salicylic acid* we tried *Benzoate of soda*, and received results agreeing with those of Senator.

Although not in sympathy with the large doses given by Senator, I nevertheless believe that *Benzoic acid* must certainly be given in low potencies. Also with other remedies it seems to me that arthritic rheumatism calls for strong doses, and in this opinion I have no less an authority than Bæhr with me.

As to the doses of *Benzoic acid*, I believe that a low potency of *Benzoic acid* is absolutely necessary, because this remedy, besides its specific organic action on the heart and the joints, also has a *chemical* action.

The peculiar changes occurring in the urine which have not yet been accurately investigated point with certainty to a chemical change in the intermediate chemical combination. In order to enter into chemical combination, it needs definite quantities of the elements. I usually give the second decimal trituration every two hours, about $\frac{1}{3}$ or $\frac{1}{4}$ of a gramme, dry; in severe cases I give it cumulatively in the afternoon, say, every quarter of an hour for one or two hours.

Now, as to the indications for *Benzoic acid;* it is, of course, not a specific for rheumatism; *the best results and the most manifest effects are seen when the urine has the well-known, peculiar sharp smell, with sediment, especialiy when there is also an alkaline reaction.* But even under such circumstances there will seldom be seen such a diminution of fever and as rapid a disappearance of the morbid symptoms as are experienced in a topical case of *Salicylic acid.* Nor is *Benzoic acid* a sure preventive of relapses. But the avoidance of bad effects on the heart is much more sure in this remedy than with the *Salicylic* treatment, and this seems to be assured even in cases where the urine has not the characteristics above noted.

In consequence, I have made it a rule that when there is not a contra-indication (*e. g.*, an eversion of the stomach to the remedy, or when *Benzoic acid* in no wise agrees with the symptoms) I always give *Benzoic acid* to prevent the rheumatism from extending to the heart, giving at the same time the other homœopathic remedies. Among these homœopathic remedies *Bryonia* and *Rhus* with me stand first; I prescribed the former in 19 cases and the latter in 18. At a distance follows *Mercurius*, which appeared to be indicated five times; as also *Iodide of Potassium* in the saline solution. The latter remedy is found of further use

in complications. Then I used three times *Ferrum phosphor.*, and two times *Aconite*, *Arsenic. alb.*, *Arsen. jodat.*, *Colocynthis*, *Spigelia* and *Sulphur*. The following remedies were used once: *Apis*, *Belladonna*, *Causticum*, *Gelseuium*, *Kali carbon.*, *Natrum nitric.*, *Natrum sulph.*, *Tartarus emetic* and *Thuja*.

I now come to *external measures.*

On account of the pains, which sometimes cannot always be quickly removed by our internal remedies, we cannot well do without calling in external remedies. Among these we would first mention hydrotherapeutic measures. Even Hippocrates and Celsus recommended application of cold in the form of compresses and ablutions. I believe, with Skoda, that we ought to consider whether the patient feels better from hot or cold treatment. The treatment of the joints affected by means of hot or cold compresses is often useful, though inconvenient on account of the frequent changes required. On this account the Priessnitz compresses with diluted tincture of *Bryonia* are preferable. Of course these are especially suitable when *Bryonia* is also internally suitable, and the patient feels most comfortable when the joints are kept quiet. Such patients are benefited even by simply keeping the joints from being moved.

I have also found packing with a 10% solution of *Ichthyol* in *Glycerine* very soothing and effective, only care must be taken that the solution may not percolate through the compress and soil the linen. In what way this solution effects the allayment of the pains I do not know; perhaps the sulphur contained in it, which, under certain circumstances, is also homœopathically indicated, plays a part in it, through its effects on the veins. In some cases, where *Ichthyol* failed to relieve, a compress with a soft soap proved of service; this rather drastic treatment I first saw used in the military hospital at Magdeburg, where it was applied in chronic inflammation of the knee joint. The intense irritation of the skin produced is in this case probably the effective principle. To these external measures should be added with reconvalescents: vapor-baths and massage.

A few words, in conclusion, with respect to the complications observed by me. I have already mentioned the only case of endocarditis occurring in my practice, which took a comparatively favorable course on the application of *Aconite*, *Benzoic acid* and *Arsenicum*. The same patient was also seized with *pleuritis exsudativa*. This was promptly relieved by *Tartarus*

emeticus D. 3., and *Bryonia* D. 3., and *Arsenicum jodat* D. 4. Of the other complications that frequently attend articular rheumatism, I have only once seen suppurative meningitis. Whether the rheumatism and the meningitis were both caused by the same morbific agent, or whether two different diseases met together, could not be determined. The case was not fully cleared up because the patient, at the wish of his relatives, was removed to St. Jacob's Hospital.

The discussion of attendant complications is naturally followed by the consideration of infections which may be mixed up with it. The most important infection in my estimation is that of gonorrhœa; this is found not infrequently mixed up with it, besides the rheumatism, which is caused by gonorrhœa. Among the 46 cases mentioned above two were complicated with gonorrhœa. They had a very inert course; 45 days in the one case and 90 days in the other were required before the men could resume their work. These two cases showed hardly any reaction after *Benzoic acid*, while *Iodide of potassium* showed itself very effective, especially in one of these cases. I may add, that the second case was eventually perfectly cured by Rœntgen rays, which, as far as I know, were first recommended by Pfeiffer in Wiesbaden.

BOOK NOTICES.

VARIOUS VERSES. By Willian Tod Helmuth. 79 pages. Cloth, $1.00. Full calf, $3.00. Postage, 6 cents. Philadelphia: Boericke & Tafel. 1901.

A dainty little volume of verses by our own poet Helmuth. Some of them suggest.

Some thought like a beautiful far distant strain.

To quote from the book itself, but the greater part is rattling and jolly or satiric. For instance from "Lake Maggiore:"

Its hot and its, humid and dusty
Malaria lurks in each glow,
The hotels are dirty end musty
I've been there last week and I know.

Here is one or bite of it "To Sorosis:

Who stole my wife by day and night
And sent her home in sorry plight,
A most dilapidated sight?
Sorosis.

Who taught my pious lips to swear
When I put on my underwear
And found a button was not there?
Sorosis.

Or where the patient, a countryman, is taken to the hospital and the surgeon remarks:

I'll cut this out all right, my man, it will not hurt; for you
Will sleep with anæsthesia, and then I'll put yer through.

And then the patient gets riled and declines sleep with Ann Thesia.

Get a copy and enjoy it.

The A, B, C Manual of Materia Medica and Therapeutics. G. Hardy Clark, M. D. 197 pages. Cloth, $1.00; by mail, $1.07. Philadelphia: Boericke & Tafel. 1901.

Dr. Clark, at the end of his preface, says:

"The writer has ventured to assume that the simplification of the subject gained by referring only to toxic effects of drugs, their therapeutic uses in non-toxic doses, the relation of the two as indicated by numerals, and the elimination of controversial matter, is sufficient warrant for offering this manual to students and to his fellow practitioners.

He has to make acknowledgment for material that has been freely drawn from the writings of Bartholow, Hempel, Hughes, Ringer, Stillé, Wood and others."

That will give the reader the keynote to this rathar remarkable little book—a book, by the way, that is considerably more than an A, B, C Manual, covering about two hundred drugs that are prescribed by physicians of all "schools."

The space devoted to each drug averages about one page which is divided into four parts, namely: "Characteristics," "Toxic effects," "Dose" and "Therapeutic uses."

The "Dose" covers all the forms in which the drug is prescribed, homœopathic and old school, or, if you prefer it, scientific medicine, and the book will, therefore, appeal to a large number of physicians and medical students.

The "Toxic effects" are those of undisputed authenticity and they are mostly numbered. These are referred to in the "Therapeutic uses."

That the book will not please every one is a foregone conclusion, but that it is just what many are looking for is equally true.

Obstetric and Gynecologic Nursing. By E. P. Davis, A. M., M. D., Professor of Obstetrics in Jefferson Medical College and Philadelphia Polyclinic. 12mo. volume of 402 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Co. 1901. Price, $1.75 net.

This volume is designed to furnish instruction as to the various duties of the obstetric and gynecologic nurse. Obstetric nursing demands some knowledge of natural pregnancy, and of the signs of accidents and diseases which may occur during pregnancy. It also requires knowledge and experience in the care of the patient during the labor and her complete recovery, with the needs of her child. The obstetric nurse must also know how to help patient and doctor in the accidents and complications of labor, and has an important part to play in caring for mother and child in the diseases which occasionally attack them during the puerperal period. Gynecologic nursing requires special instruction and training and a thorough knowledge and drill in asepsis and antisepsis are absolutely indispensable.

Home Treatment and Care of the Sick. Including chapters on Approaching Maturity, Marriage and Maternity. By A. Temple Lovering, M. D. 376 pages, cloth. Boston and Providence: Otis Clapp & Son. 1901.

The subject matter is considered in two parts. Part I, in seven chapters, treats of the Preservation of Health, Home Nursing, Diseases in General and their Treatment, Accidents and Emergencies, and Leading Remedies: Their Administration and Indication for Use.

Part II. Marriage and Maternity: The Baby in Health and Sickness; Diseases of childhood, Approaching Maternity; Suitable Food for the Sick.

The short description of the more common diseases is pertinent and plain, and the remedies given with their indications are such as have been found by practice to be most reliable.

The American Year-Book of Medicine and Surgery for 1901. A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Arranged with critical editorial comments, by eminent American special-

ists. In two volumes—Volume I, including *General Medicine*, Octavo, 681 pages, illustrated; Volume II, *General Surgery*, Octavo, 610 pages, illustrated. Philadelphia and London: W. B. Saunders & Co. 1901. Per volume: Cloth, $3.00 net; Half Morocco, $3 75 net.

The issue of the Year-Book for 1900 in two volumes met with such general approval from the profession that the publishers decided to follow the same plan with the Year-Book for 1901. This arrangement has a two-fold advantage. To the physician who uses the entire book it offers an increased amount of matter in the most convenient form for easy consultation, and without any increase in price; while specialists and others who want either the medical or the surgical section alone, secure the complete consideration of their branch at a nominal sum, without the necessity of purchasing considerable material for which they have no special use. The editor, Dr. Geo. M. Gould, has done his part in the thorough and scholarly manner that characterizes all his literary work. The two volumes are handsomely printed and finely illustrated, a credit to the publishers, who are certainly hustlers to get out this year-book so soon after January 1st. The RECORDER'S copies came on February 6th.

MESSRS. HERBERT S. STONE & CO., of Chicago, have in preparation and to be issued shortly a translation of the seventh German edition of Dr. Franz Kœnig's *A Text-Book of Special Surgery*. It is an authorized translation and the whole will consist of three large volumes, with about three hundred illustrations.

A Text Book on Practical Obstetrics By Egbert H. Grandin. M. D. Gynecologist to the Columbus Hospital; Consulting Gynecologist to the French Hospital; Late Consulting Obstetric and Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrican of the New York Infant Asylum; Fellow of the American Gynecological Society of the New YorkAcademy of Medicine, of the New York Obstetrical Society, etc., etc., etc., with the collaboration of George W. Jarman, M. D. Gynecologist to the Cancer Hospital; Instructor in Gynecology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynecological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition, Revised and Enlarged. Illustrated with Fifty-two Full-Page Photographic Plates and One Hundred and Five Illustrations in the Text. 6½x9½ inches. Pages xiv–511. Extra Cloth, $4.00, net; Sheep, $4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street Philadelphia.

The third edition of this standard work has been enlarged by the addition of a chapter on the anatomy of the female organs of generation and embryology.

Homœopathic Recorder.

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Address communications, books for review, exchanges, etc., for the editor, to

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

Dr. J. C. Andrews (*Eclectic Medical Journal* for February) contributes his share of praise to the heart-remedy, *Cratægus oxyacantha*. In four cases, really desperate ones, it did all a remedy could. One of these cases was angina pectoris, and patient during attacks would become cyanotic.

A correspondent of the *Medical Record*, Dr. Harry R. Bashore, living on the banks of the Susquehanna river, writes that journal his experience with the Anopheles. During the hot months of last summer, and with a very low river, mosquitoes abounded. During that period he caught and examined five hundred and forty specimens, of which one hundred and forty were the Anopheles; there was one mild case of fever. After a cold wave in September when mosquitoes were scarce but Anopheles still present there was a bad outbreak of the fever. In October the Anopheles and other mosquitoes were still in evidence; of the number caught then sixteen per cent. were Anopheles; the fever had vanished from the community. All the mosquitoes were caught around the doctor's own house, but there were no fever cases in it.

Whatever merit there is in the "arsenization theory" certainly and unquestionably belongs to Dr. R. B. Leach, who has been advocating it for years. But it seems that the great Sternberg has turned Dr. Leach down, for the sole reason apparently that he is a homœopath. In his fight for his rights Dr. Leach has the sympathy of all men who believe in fair play.

Intermittent, cold, clammy perspiration is said to be a most reliable indication for *Cuprum ars.*, a symptom of no other drug

CERTAIN gentlemen in Cuba, working in the name of Uncle Sam, have announced that the mosquito is the sole and only cause of yellow fever. Wonder how these scientists would account for the fact that Ben. Butler, during the "late unpleasantness," drove the fever out of New Orleans by the unscientific method of cleaning up the city? And how account for the fact that the first frost kills the disease and not the mosquitoes? And how about the fact that the disease has several times landed from a ship with nary a skeet aboard, and spread?

IN that beautiful shindy between Hubbard, the Philistine, maker of books and things, and the only Doctor George M. Gould, the latter asserts: "There are one million men in this country who make a life work of the study and cure of disease." Polk, the Directory man, ought to sue George for libel, for he, Polk, in his book has only run down a little over a tenth of a million. Hubbard among his other retorts, courteous and otherwise, makes the following, and otherwise: "I would rather be wrong and go to hell with Walt Whitman" (where Gould consigns him) "than be right and play a harp in heaven alongside of Dr. Gould." Oh, dear, dear!!

MR. JAMES HOPPER, a citizen of Havre-de-Grace, Md., writes us that there is an opening there for a good homœopathic physician. There was one located there for a number of years, but he moved to a larger city. The town has about 4,000 inhabitants and in a beautiful part of the country.

IF you have an old drinker on hands who has got down to the trembling stage, nearly done for, *Apocynum cannabinum* decoction, twenty or thirty drops, will steady him, so those say who have tried it, better than anything else.

DR. H. A. RICHY, in *Buffalo Medical and Surgical Journal*, tells of a case of rheumatism, to which he was called after it had been under care of another physician for some time, and from his paper the following is clipped:

"His wife stated that while he was quiet in the day time, at night he was delirious and could hardly be restrained from leaving his bed. Examination revealed the existence of pericar-

ditis; endocarditis was apparently absent. Suspecting that a great deal of the trouble was caused by the large doses of sodium salicylate which the sufferer was taking, I stopped the medicine, and substituted in its place some dry champagne wine, with a substantial nourishment."

After stopping "the only remedy for rheumatism" the patient rallied and in time recovered.

BELLAIRS in *Homœopathic World* claims that *Psorinum* 30 will cure mange in dogs, eczema in human beings; it is also the constitutional remedy for hay-fever.

A CORRESPONDENT asks if it is contrary to the ethics of the medical profession to own stock in a medicine company whose goods he may find it financially beneficial to prescribe. It is a difficult question to answer, and indeed one that may be left to the conscience of the profession, which in the long run is a safe guide. Some day the great medical bodies may take it up, for the practice seems to be growing.

ANTITOXINE, the serio-comic of medicine, continues to receive constant attention in the journals and promises to remain a prominent subject for future discussion. This is right, for the profession has never had a more momentous question to settle. In the interest of true medical progress, the fallacies of serum therapy must be exposed and the mistaken views concerning statistics based on antitoxine treatment corrected; for, if it is not done now, and we blindly follow the bell-wethers of bacteriology, they will lead us into a mire of mistaken conjecture out of which it will take the profession a long time to flounder back to the firm ground of scientific truth. —*Dr. J. Edward Herman in New York Medical Journal.*

THE following is clipped from a long review of the recently translated *Repertory of the Antipsorics* of Bœnninghausen; translator, Boger:

"Like the other discoveries of the secrets of nature—the facts and phenomena of nature—by distinguished men like Newton and others, Hahnemann's discovery of the law of similars, the only

natural law for the cure of diseases, occupy no less an important place in the history of the universe. But his discovery of the chronic disease theory—the doctrine of chronic miasms—is one the equal of which has not yet been dreamt by any human brain. It is the life-saving nectar that the heavens have been pleased to send to the world to save the lives of the suffering humanity. Followers of Hahnemannian law of cure and its principles have not only read from Hahnemann's unparalleled writings but have, by means of long observation and extensive experience, during the three scores of years and more, since its discovery, not failed to perceive for themselves and to demonstrate before the universe the great usefulness as well as the utmost importance of Hahnemann's doctrine of the chronic miasms.

During the early days of Hahnemann's homœopathic career he found, by his keenest powers of observation, that some diseases when met by the similimum are only temporarily relieved, that the same phase of disease recurs, or a new one presents itself, which again requires to be met by a similimum. The universality of his natural law of cure showed him in his practice its infallible character. How then to account for these abnormal phenomena in the treatment of diseases? In order to study the cause of these phenomena, he resolved to place all such disturbances and anomalies on the way to perfeet cure under strict observation. His unparalleled powers of observation, his keenest mental faculties and his superhuman powers of penetration opened before him the way to the solution of this problem. At the end of twelve years, after hard labor, keen observation and vast experience on innumerable cases of diseases, he was able to offer to the world the result of his observation, declaring a miasmatic base to be the foundation of all chronic, progressive, often incurable diseases. Three chronic miasms—Psora, Syphilis and Sycosis—he found out to guide the fate of humanity. All miasmatic influences originate in contagious principle introduced into the system through contact, inoculation, or heritage. Suppression, or recessation of the innumerable manifestations of miasmatic influences has but the result to fix the locality of the various diseases they produce deeper in the system, and nearer to the vital organs. The very fact of one suffering from a chronic disease is proof of the presence of these miasms. The predisposing cause of all chronic disease, of the different susceptibilities, of the various individual constitutional peculiarities, etc., depends nec-

essarily on one or more of these miasms. Hahnemann left us the greatest and most sacred of all blessings. His admirable work —*The Chronic Diseases*—is an invaluable and inseparable companion to the Homœopathician."—*Indian Homœopathician.*

"THERE is a certain body of physicians who believe that the science of homœopathy was not only originated, but was completed by Hahnemann, and that the vagaries of his declining years in prescribing infinite decimal doses were as much a part of the system as the law of cure itself." *Medical Student, January.*

DR. BEN. H. BRODNAX, in the *Wisconsin Medical Recorder*, says: "I discovered some time since that epsom salts solution applied to a scar removed the cicatricial tissue in a few weeks or days. I used one teaspoonful of the salt in four ounces of water applied three or four minutes every day. I was in the mountains and had nothing else to kill bed bugs, and used the solution in that way. But I was surprised to see the mark of an axe on my leg that I had carried for fifty years vanish almost entirely. I haved tried it in many cases and it takes away the scar. So I thought that as cancer often arises in cicatricial tissues, it would do good, and have been using it for that purpose also."

"Last summer I was up in the mountains and met a reverend gentleman. I noted that he had grown very fat and short winded that he had panted on very little exertion. I told him what I know about epsom salts and directed him to sponge his whole body night and morning with Epsom salts, one part; Water, sixteen parts. Also to take a teaspoonful of the same three times a day. His weight was then 238 pounds. I saw him six weeks ago (May 15), and he weighed 198 pounds, his normal weight; sixty pounds reduction in eight months. He is strong and active, feeling well every way. He told me he followed directions strictly and improved from the start."

DR. WELLS LEFEVRE vs. THE ARBITRARY HEALTH BOARD.

The following interesting letter and newspaper clipping tells its own story. In the days when the family physician treated small-pox the homœopaths found *Variolinum* and *Malandrinum* far safer and more efficient than vaccination:

Editor of HOMŒOPATHIC RECORDER.

I send you under separate cover by to-day's mail copies of our local papers on the little war being waged by the local board of health against my homœopathic prescription of *Variolinum* as a preventive of small-pox.

I greatly deplore this open warfare, and I only make it after making every possible concession to my opponents.

I am now driven to the wall, however, and must make this fight for Homœopathy, or suffer myself and school to be out-lawed.

It is not my personal interests that prompt me most to this resistance, but, as you can easily see, the dignity and legal rights of my homœopathic prescription, and hence of every homœopath in Arkansas, and incidentally every one in the United States is involved; and thus it is apparent how this "tempest in the tea-pot" may assume cyclonic proportions of large import, for it is evident they are going to put up their best fight, and hence it is unnecessary for me to add that it may be well for the homœopathic profession to stand close by where I may get help, if I need it, in defending our mutual interest.

I am here alone, and the only homœopathist able to stay so long as one year. I have been fought in the open field and from behind stumps (chiefly the latter) by our allopathic brethren. No scheme has been too low for their use, but by the help of the Lord and Samuel Hahnemann, I am still here.

We prefer to make the local fight alone, except with the assistance of my patrons, among whom are some of the wealthiest and most intelligent citizens of Pine Bluff, and these are supporting us handsomely in the fight. We are promised an early hearing in the Circuit Court, and in the event of our failure there we shall appeal to the State Supreme, and thence to the United States Supreme Court, where my adherents say it must go if necessary to get our rights.

I have written to Drs. Hallman and Hale, of Hot Springs, asking their co-operation. They went through an epidemic using internal vaccination with me six years ago, and I am now in the middle of my second epidemic here.

Internal vaccination has proven highly satisfactory to us, under some severe tests.

You shall be advised of our progress, and I hope to make a report of my experience before long to the profession.

Fraternally yours,

WELLS LEFEVRE.

Pine Bluff, Arkansas, February 6, 1901.

THE following is from the Pine Bluff *Commercial:*

It appears that there is to be a lively contest between the Pine Bluff Board of Health and the adherents of Homœopathy. Dr. Wells LeFevre and the police court have locked horns on the question.

The mayor has heretofore issued a proclamation that everybody shall be vaccinated by scarification, and this method is opposed by homœopathic physicians. The city council appointed Dr. Carruthers to vaccinate everybody by this method, or see that the people had been so vaccinated. Dr.

LeFevre refused to be vaccinated by this means. He was accordingly placed under arrest and carried before Judge Brown yesterday. He was fined $25 for not complying to the mayor's proclamation, but is determined to have the matter determined in the highest courts, and so appealed from Judge Brown's decision.

He has given us the following interview:

Editor Commercial:

You request a statement from me about my arrest for not being vaccinated by scarification. I have the honor to say that I was so arrested yesterday, and am under arrest for the same offense again to-day, and our dear mayor has sent me word that I shall be arrested and fined every day until I bow down and worship his gods. Now, is this not enough to scare anybody into having small-pox?

Will I be vaccinated by scarification? Well, not to-day at least, and not at all unless the mayor can dispossess me of the rights and privileges with which the State of Arkansas has clothed me. The said State says I am regularly educated and legally qualified to practice my profession in all its branches, and now comes our astute lord mayor and his invincible board of health and they say that I am no such thing. Now, I wonder who has lied?

I have taken an appeal from the decision of the police court, and we hope to be somewhat wiser on this subject in a few days. Meantime myself and all my patrons who prefer the internal vaccination, as it is being practiced in accord with the principles and teachings of the homœopathic school of medicine to which I belong, will continue to refuse to be vaccinated by the dangerous, unreliable and unscientific method of scarification.

Very truly yours,

WELLS LEFEVRE.

Dr. LeFevre is right and for the sake of the physical welfare of humanity we hope he will win in this fight. Internal vaccination is *safe*, and far more efficacious than the scarification method.

In Italy at the Seropathic Institute of Milan, according to *Chemist and Druggist*, January 19th, the wrong bacillus got into the diphtheria serum with the result that eight persons "met with horrible deaths." "The accident has caused somewhat of a scare amongst the public and the medical profession in Italy, and, it is thought, may check use of the serum in other countries as well." Perhaps they may not have perished in vain if this be the case.

PERSONALS.

Dr. Petrie Hoyle has opened an office, 705 Sutter street, San Francisco, California.

"A pupil of Dr. Schüss'er!" How poor old Ananias must mourn his lost distinction.

Our esteemed friend, Dr. George M. Gould, was dismissed without a moment's notice from the *Phil. Med. Monthly*. He will start another. Success to ye!

"The Duster Buster Homœopathic Pharmacy Company offers twelve chronic patients to every doctor buying $2.00 worth of our superior medicines." *The coming ad.*

"Disinfecting the blood with quinine" is the way one of them puts it.

Wall street always suspects an industrial stock that pays big dividends at the start. They generally drop later on.

Really there is no fight between pathology and symptomatogy; each has its place. Do not try to crowd out *either*.

Dr. Wapler's paper on the superiority of the homœopathic remedy over the routine Salicylic acid is worth reading. See page 78.

And now they are saying that the free use of sugar may be a good thing in diabetes.

The W. C. T. U. has killed the army canteen and thereby earned the thanks of all the small grogeries, which will now get all the trade for their rot-gut whiskey.

The circulation dreamers of homœopathic journals have been dreaming strange dreams, and printing them, too.

When the people get tired of reading about the antics of Mrs. Nation she will drop into the dimly remembered past.

Come, gentlemen, you all should have some *Various Verses* and the supply is limited.

Clark's *A*, *B*, *C* will please those who want modern Homœopathy.

It is not all grippe that is called so.

What a restful world it would be if all the reformers would go out of business!

Stop Whiskey! Tea! Beer! Wine! Gin! Rum! Coffee! Good living! Warm houses! Spitting! Stop everything and Lymph 'em! Isolate 'em! Regulate 'em! Harry 'em for their own good!

Boericke & Tafel's "Jottings," that they have been sending out lately, is a rather neat affair.

They say the Boers wear rubbers to keep de wet from de feet.

While the profession is fighting the Osteopaths and Christian scientists the "Vibration," the "I am" people are waxing rich treating people.

Subscribe for the RECORDER. $1.00 a year.

Dr. A. R. Morgan, of Waterbury, Conn., has contributed a good paper to the *Waterbury American* on the "Claims of Homœopathy."

When occasion serves it is a good thing to write boldly to your local papers.

The bacteriologists now warn us of the "danger" of bacteria in salads. Never again will we partake.

Katherine M. Crawford has removed from Duffield to York, Pa.

No, John, there is no remedy for "aversion to arise in the morning" save a pot of money, so you don't have to.

THE

HOMŒOPATHIC RECORDER.

VOL. XVI. LANCASTER, PA., MARCH, 1901. No. 3

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Tenth Annual Session. 1853.

The American Institute of Homœopathy commenced its tenth annual session in Pulte's National Hall in Cleveland, Ohio, on Wednesday, June 8th, 1853, at ten o'clock A. M., and was called to order by the General Secretary, Wm. A. Gardiner, M. D. The roll of members was answered by about fifty physicians.

Richard Gardiner, M. D., of Philadelphia, was elected the presiding officer.

The Board of Censors on Election of New Members was appointed, being composed of John Redman Coxe, Jr., M. D., of Philadelphia; J. P. Dake, M. D., of Pittsburgh; Lewis Dodge, M. D., of Cleveland; S. B. Barlow, M. D., of New York, and G. W. Bigler, M. D., of Cincinnati.

The Committee to audit the Treasurer's account was G. W. Swazey, M. D., Springfield, Mass.; J. G. Loomis, M. D , Philadelphia; F. R. McManus, M. D., Baltimore; C. D. Williams, M. D., and J. H. Pulte, M. D., Cleveland.

S. R. Kirby, M. D., offered his report as Treasurer, which was referred to the Committee.

Edward Bayard, M. D., as Chairman of Committee on Blisters, made a verbal report and asked to be continued until next year.

The Committee on the Translation of the Materia Medica Pura again failed to report and were excused from further consideration of the matter.

J. Barlow, M. D., Chairman of the Committee on Cholera, made a verbal report and desired to be continued another year.

The Central Bureau, never failing, made an acceptable report which was published.

The New York Homœopathic Society handed in an acceptable report which was published.

The Philadelphia Homœopathic Society upon request, was accepted as an auxiliary branch. It presented its first report, which was accepted and published.

The Cincinnati Homœopathic Society made a report which was accepted and published.

J. Colby, M. D., of Salem, Mass., presented a communication upon his treatment of a case of tetanus with cold water and his successful cure with homœopathic remedies after the spasms were reduced.

W. R. Power, M. D., of Philadelphia, presented a communication upon his success in the treatment of variola and varioloid with vaccinin and variolin. Read, accepted and printed.

S. S. Guy, M. D., of Brooklyn, offered an acceptable communication giving a discursive account of his successful treatment of diphtheritic sore throat.

Alexis Eustaphieve, Esq., Russian Consul, residing in New York, reported to the Institute that he had in his possession genuine hydrophobin which he was willing to distribute among homœopathic physicians from which to make provings.

The Institute sent a vote of thanks to the Consul and advised members to accept of the remedy for scientific investigation and proving.

F. R. McManus, M. D., offered a resolution, which was adopted : "That the members of the Institute who shall sign the certificate of an applicant for membership shall state upon the certificate the name of the medical college from which such applicant shall have graduated."

J. H Pulte, M. D., offered the following amendment to article 7 of the By-Laws, which was adopted:

"That the Seventh Article of the By-Laws shall be amended in such a manner as to substitute for the word APPOINTED the words ELECTED BY BALLOT."

At the afternoon session the Board of Censors on the Election of New Members reported

William Caine,	M. D.,	Ravenna,	Ohio.
John Tifft,	"	Norwalk,	"
A. F. Bissell,	"	Toledo,	"
Calvin Starr,	"	Springfield,	"
J. H. Coulter,	"	Columbus,	"
A. O. Blair,	"	"	"
E. W. Coules,	"	Cleveland,	"
G. W. Barnes,	"	"	"
M. Y. Turrill,	"	"	"
A. R. Burritt,	"	"	"
F. W. Skiles,	"	"	"
Jehu Brainerd,	"	"	"
A. Whipple,	"	Cincinnati,	"
J. M. Parks,	"	"	"
Jesse Garretson,	"	"	"
I. T. Talbot,	"	Boston,	Mass.
H. C. Angell,	"	Salem,	"
J. P. Paine,	"	Dedham,	"
A. Walker,	"	Pontiac,	Mich.
N. H. Warner,	"	Buffalo,	N. Y.
B. F. Joslin, Jr.,	"	New York.	"
Moses Anderson,	"	"	" "
W. H. Hanford,	"	Williamsburg,	L. I.
R. Titsworth,	"	Plainfield,	N. J.
J. B. Stretch,	"	Salem,	"
Ross M. Wilkinson,	"	Bordentown,	"
J. B. Hutchinson,	"	Madison,	Ind.
A. S. Wright,	"	Indianapolis,	"
B. C. Macy,	"	Elyria,	O.
J. M. Johnson,	"	Dover,	Ky.
J. N. Wheat,	"	Oberlin,	O.
W. T. Helmuth,	"	Philadelphia,	Pa.
F. R. Moore,	"	Pittsburgh,	"

All of whom were duly elected members of the Institute.

The Committee on Small-pox and the Prophylactic Virtues of Vaccination submitted a report which was read and accepted, arousing an interesting discussion between Drs. Williamson, R. Gardiner, Gregg, Warner, Cox, McManus, Turrill, Williams, Bayard and Coulter and some other members of the society.

On Wednesday evening at eight o'clock a large assembly of physicians, ladies and gentlemen listened to the address de-

livered by Edward Bayard, M. D., who had chosen for his subject "The Obligation of the World to Homœopathy," in which he compared the modus of the physician of each school, and its results; made clear to the listener that Homœopathy is founded upon incontrovertible facts in regard to the action of drugs upon the different organs and other parts of the human frame, such as muscle, nerve, or bone, and gave examples of the effects of different drugs upon different subjects with apparently similar symptoms.

His expressions of faith in Homœopathy were sincere and his trust in the power of Hahnemann's discovery when fully and correctly tested to cure and even convert all who allowed themselves to investigate it thoroughly was convincing, and received with applause.

The great foundation law of homœopathic science, he claimed, was not one single thought, as it had been established only after years of toil and study. It was a law of nature which had been discovered by the healthy man having to sicken and suffer in order to develop the symptoms and drug indications of each remedy to demonstrate its use and action in disease.

He spoke of the bitter opposition to medical reform by its enemies, which all had witnessed. He referred to the fact that after Hahnemann discovered the law of cure that he had no Materia Medica, and how he and his followers set about to prove remedies and construct one, for many years testing remedies upon themselves.

He, however, did not escape the fate of Harvey and of Jenner in denunciation.

Dr. Bayard then asked, "What is the obligation of the world to Homœopathy." He spoke of the specific action of drugs as remedies upon the body, and of *Sulphur* used as a domestic remedy, which Homœopathy had shown was capable of producing two thousand symptoms. He said the new system taught the directions in which the vital current should be urged, and claimed that two-thirds of human suffering and human maladies were traceable to or dependent upon medicinal drugs and their effects. He said Homœopathy had shown the extreme sensitiveness of diseased nerve structure, and so great was the action excited by the proven remedy under the application of the law of cure that Hahnemann, at one time, almost abandoned it; but by reducing the dose of the remedy from time to time he found the reactive

point of nature, and, by reason of this extreme sensitiveness of diseased nerve tissue in the case of any abnormal action came the administration of the attenuated drug and the infinitesimal doses. Dr. Bayard stated that "the jeering wit of the facetious allopathists expended on this point demonstrates sorrowfully their utter want of knowledge on this important matter."

He further stated that Homœopathy had also given us the great law of cure and from this we had obtained a certainty of prescription. To obtain accurate symptoms from a sufferer was far from being an easy matter, and to practice Homœopathy correctly and select the proper remedy was a matter quite as difficult.

Knowledge and research are thus requisite in the prescriber. Reference was made to Dr. B. F. Joslin, an eminent allopathic physician, who had been asked by a medical friend, who had written a tirade against Homœopathy, what he thought of it. Dr. Joslin said he could not give a proper opinion until he had experimented upon himself with the new system, and in so doing he subsequently became a convert to Homœopathy, and was at that time one of the prominent workers in the Institute.

In closing, Dr. Bayard said: "We have seen that the world is indebted to Homœopathia for the discovery of the pathogenetic and specific action of drugs; for the knowledge of the sensitiveness of a diseased human nerve to similar irritants; for certainty in prescribing a dose that is a medicine, and not a poison, and for the great law of cure.

Immortal honor to the man who was the discoverer. Yet upon that great head has been showered vituperation and abuse; his investigations ridiculed and their results denied without examination; he himself characterized as a charlatan.

All that blind prejudice, selfish interest, and sordid avarice could do was done. But it is manifest, from the rapid and widespread advance of his principles, that the justice, which his cotemporaries denied, will be fully awarded by posterity."

Dr. Bayard was tendered a vote of thanks for his able and instructive address. A copy of the address was requested, which was received and published in the proceedings of the Institute for 1853.

On Thursday morning the Institute met, and after the Committee on the Treasurer's report proved it correct, Drs. Williamson, Gregg and Dake were appointed a committee to consider

suggestions made in the report of the Philadelphia Branch Society. After serious deliberation they made the report that the following gentlemen, members of the Society, should be appointed to write essays upon the subjects mentioned, and report to the Institute at the next meeting.

J. P. Dake, M. D., on the "Value of Clinical Experience and Clinical Reports in Homœopathic Practice."

J. G. Loomis, M. D., on "Mechanical Supports, or the Value of Braces and Stays in Homœopathic Practice."

C. D. Williams, M. D., "On Small-pox and Vaccination by Kine Pox and their Relation to Other Forms of Eruptive Diseases."

A. E. Small, M. D., "On the Nature, Pathology and Homœopathic Treatment of Diseases of the Respiratory Organs."

S. Gregg, M. D., "On the Nature, Pathology and Homœopathic Treatment of Diseases of the Urinary Organs."

Dr. G. S. Swazey offered a resolution, which was unanimously adopted: Resolved, "That the American Institute of Homœopathy, appreciating the friendly relations which should always exist between all physicians who advocate the essential doctrine of Homœopathy, and especially between the societies and all bodies organized for the progress of true medical science, does now extend the right hand of fellowship to this whole western valley, to all educated physicians who are coming to our standard of medical science in the east and west, to the pioneers of our educational progress and strength in this western region, who have proved themselves indomitable under the most trying circumstances, and to the city; and also thanks to Dr. C. D. Williams and lady for the polite and cheerful entertainment we have enjoyed at their house."

F. R. McManus, M. D., offered this resolution, which was adopted: Whereas, It is a very important affair to humanity that such a system of vaccination should be pursued as will effectually prevent the small-pox; and, whereas, the efficiency of the virus now in use may have degenerated from age, or from constitutional impurities in systems from which the virus may have been taken; it is, therefore, earnestly recommended to every member of the Institute that inquiries shall be set on foot throughout the country, in their immediate neighborhood, and particularly in the spring of the year and during the summer months, requesting the milkers of cows to report the appearance

of any particular disease upon the udder or teats of the cows, to be examined in their different stages of development, and to be used, when ascertained to be genuine cow-pox, in the way of human vaccination; and that every physician who shall succeed in thus obtaining matter shall give to the Institute, at its next meeting, his success in its use and every observable circumstance connected with the progress of the disease upon the cow, and subsequently upon the human subject.

J. S. Loomis, M. D., exhibited a new invention in ovum and bullet forceps, and explained the manner of using them, to the great satisfaction of the members, which gave rise to a resolution made by Dr. J. R. Coxe: That the American Institute of Homœopathy has examined with satisfaction, and is fully convinced of the great importance of the invention of the ovum forceps, by Dr. J. G. Loomis, of Philadelphia, in the treatment of uterine hemorrhage attending cases of abortion and detachment of the ovum, and also of retained placenta; and, likewise, the invention of the bullet forceps for the extraction of bullets and other foreign bodies from deep-seated parts.

J. R. Coxe, Jr., M.D., F. R. McManus, M. D., and Milton Hammond, M. D., were appointed a committee to inquire into the validity of Dr. Jacob Schmidt's diploma, and to examine the erasure of names ascertained to have taken place in the record book of the Institute.

J. H. Pulte, M. D., S. R. Kirby, M. D., and W. A. Gardiner, M. D., were appointed a committee to ascertain the names and residences of all the Homœopathic Physicians in the United States, whether members of the Institute or not, such report to be presented to the next annual meeting.

J. H. Pulte, M. D., B. F. Bowers, M. D., and W. Williamson, M. D., were appointed to report to the next meeting a draft of a plan for the establishing of a central Homœopathic Pharmacy under the control of this Institute.

J. H. Pulte, M D., E. Bayard, M. D., and C. Hering, M. D., were appointed to procure a stone of suitable size, if possible, from the native place of the immortal founder of Homœopathy, to be placed, with a suitable inscription, in the monument in process of erection in Washington City to the memory of the immortal founder of this Republic, whose glorious principles of freedom have so much contributed to the rapid spread of our beloved science in this, the western empire of civilization, the

expense incurred by the foregoing to be collected by private subscriptions, and if such amount be not sufficient, to be paid from the treasury of this Institute.

B. F. Joslin, M. D., was appointed to address the homœopathic physicians of the United States on the necessity for assiduous exertions to improve medical science, and on the importance of concerted action in the cause of Homœopathy.

Edward Bayard, M. D., J. H. Pulte, M. D., S. S. Guy, M. D., J. P. Dake, M. D., and W. Williamson, M. D., were appointed a committee to take into consideration the propriety of presenting Constantine Hering, M. D., with an appropriate testimonial of distinguished consideration for the discoveries he had made to enrich the Homœopathic Materia Medica, and for his persevering and universal exertions in promoting the spread of the homœopathic doctrines.

At the afternoon session William A. Gardiner, M. D., was elected General Secretary.

S. S. Guy, M. D., Provisional Secretary and S. R. Kirby, M. D., was re-elected Treasurer.

It was resolved that the next meeting of the Institute should be held in Albany, New York, on the first Wednesday in June, 1854

H. P. Gatchell, M. D., of Cleveland, was appointed to deliver the next annual address, with W. E. Payne, M. D., of Bath, Me., as his alternate.

Drs. F. Humphreys, C. Hering, W. Williamson, of Philadelphia; B. F. Bowers and B. F. Joslin, of New York, were appointed the *Central Bureau for the enlargement and improvement of the Materia Medica.*

W. E. Payne, M. D., offered a resolution, which was discussed by Drs. Payne, Dake, Pulte, Bayard, Swazey, Warner, Kirby and Gatchell and laid on the table for a year: "That we regard the homœopathic law as co-extensive with disease and that a resort to any other means than those pointed out by the law *similia similibus* is the result, in part, of the incompleteness of our Materia Medica; but mainly the result of a want of sufficient knowledge, on the part of the physician, of those remedies already possessed by our school, and not an insufficiency of the homœopathic law.

The thanks of the Institute were voted to the Chairman, the General Secretary and to J. H. Pulte, M. D., for the use of

National Hall during the session. The Institute adjourned to meet in Albany in June, 1854.

Just after the adjournment the general secretary received a communication from Charles Neidhard, M. D., containing a defense of the Materia Medica, suggestions to be followed in proving drugs, examples of the manner of the action of some medicines, and agreeing with the Hahnemann theory that diseases are dynamic in nature and first emanate in the brain, which communicates it to the other organs. This paper was received, accepted and published in the proceedings of 1853.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The forty-eighth annual meeting of the Empire state men is reported in this volume. Here are a few scissoring of more or less general interest:

Insanity and Intemperance.

Dr. C. Spencer Kinney, of the Middletown Asylum, read a paper on "The Cause of Insanity," from which we clip the following, so contrary to the common belief:

Intemperance in the use of liquor has, in the minds of many, furnished more insanity than any other cause; but this cannot be accepted as true from existing facts. Degenerates are peculiarly susceptible to the action of alcohol, and intemperance has attracted attention as a cause when it is only a result, the drinker being strongly predisposed to insanity in the first place, and a tendency to drink being an exhibition of his stigmata.

Consequently, we consider drunkenness to be more frequently a result of inherited predisposition to some form of insanity than a cause by itself. It is probable that ten per cent. is a very liberal estimate for intemperance as a cause, and, could the facts be secured, three per cent. might be found to represent the truth more accurately.

A Silicea Case.

Dr. W. M. Hilton read a paper on "*Silicea* in Caries of the Bone." There is nothing new in the paper, but it is well every now and then to remind the profession by positive demonstration

that Hahnemann's *Chronic Diseases* is *not* a mere collection of vagaries. *Silicea* is one of the remedies introduced in that book.

Case I. Mrs. R., age 35, tall and spare, had a discharging sore upon the inner side of the right tibia, about two and a half inches above the ankle joint, which would apparently heal, then in a week or two break out again. This had continued during a period of two years, causing her a good deal of pain and inconvenience, the whole leg below the knee becoming very much swollen at times and inflamed. She had consulted several physicians and used a great many kinds of local applications, ointments, salves, etc. She called upon me for advice and my diagnosis was caries of the bone, and I so informed her, and also told her there were two methods by which she could be treated; the quicker method, a surgical operation, curetting and removing the diseased bone. The other way, by internal remedies. She decided to try the latter, and I gave her *Silicea*, 6th attenuation, four times a day, and within two months she brought me a piece of bone about an inch in length by a half at the wider end and pointed or sharp at the other. The sore quickly healed and I kept her under observation for about five years and there was no return trouble. During this two months several smaller pieces of bone were exfoliated.

No other remedy was given in either case but the *Silicea*. These were cases that came under my observation about ten years ago, and as I saw them at intervals during the five years following the treatment I have good reason to believe they were permanently cured.

Bellis Perennis.

Dr. L. L. Danforth read a paper on this drug beginning as follows:

My attention was called to this remedy while perusing that entertaining and instructive little work by J. Compton Burnett, of London, England, on "Organ Diseases of Women." Most of the remedies referred to in this monograph I knew something about, but of *Bellis* I knew nothing, and I have not been able to find anything relating to the remedy in any work that I have consulted. I shall, therefore, premise what I have to say on its uses by quotations from the work referred to. Dr. Burnett says: "It often happens to some ladies when they are *enciente* that they find it very inconvenient to get about, walking being very irk-

some and almost impossible. In such cases the Daisy soon sets matters right; I mean, of course, when the cause of the trouble lies in the mechanical circumstances and these are of a remediable kind."

This Dr. Danforth proved to be true in his own practice, concluding as follows:

It is, therefore, well named *Bruisewort*, and vies with *Arnica* as a remedy for the relief of *sore, bruised sensations during pregnancy*, and after confinement, and will often succeed where *Arnica* fails.

Sprays.

This is from Dr. F. D. Lewis's paper and is worth considering:

The only point I wish to bring out, and I hope it may stimulate some discussion, is this: Should not the care of the nasal mucous membranes be considered as important as the care of the skin and teeth?

In recent years I have asserted to my patients that the spray, in my opinion, is as essential on the toilet table as the tooth brush. As to the nature of the spray to be used, I think one must be guided by conditions. If there has already been a catarrhal condition established, then some remedial agent better be employed; but if used simply as a prophylactic, then a neutral cleansing solution would be preferable.

I think this subject is deserving of profound consideration, when we know that there are establishments in most of our leading cities that advertise the cure of catarrh for so much a month. Their methods are simply to insist on the patient coming to their offices daily, and having their noses thoroughly cleansed. And they are curing many cases. Would it not be wise to educate our patients, not only to keep their own noses clean, and thus cure themselves, but by attending to themselves early enough avoid the development of that, perhaps most prevalent of all diseases, catarrh?

Per contra, however:

Dr. Moffat: I have repeatedly had the experience of patients coming to me with whom I could not make out what was the matter until I discovered that they had been washing their vitality away. The tendency now is to have less and less washing of the nose with aqueous solutions.

Whooping Cough.

Dr. Shelton in the "Experience Meeting" on Materia Medica gave his experience with several drugs in whooping cough. The characteristic of *Coccus cacti* is the choking. "The *Coccus cacti* is a veritable choke, no nausea, no emesis, but a sudden fetching up of the paroxysm."

Corallium rubrum is indicated by "a surging of blood to the head which produces the purple face so characteristic. * * * I do not know of any drug that has so violent a paroxysm."

"In regard to *Drosera*. Its great characteristics are the soreness of the chest, the profound nature of the paroxysm, and with each inspiration there is a typical crowing inspiratory sound." They do not choke.

"Another drug is *Arnica*—the suggestive cry before coughing, because the child recollects the soreness and pain of the previous paroxysm, and this marks a striking difference between *Arnica* and *Drosera*. With *Drosera* they cry all the time, while the *Arnica* child cries immediately upon the feeling that the convulsion is about to come on."

Asthma.

Dr. Shelton found *Moschus* of great value in asthma where "there was intense anxiety, intense fear and a smothering sensation." That remedy completely cured a case.

Ambra grisea is especially valuable where there is a dread of people and a desire to be alone.

Headache.

Dr. Butler had a patient with a most excruciatingly painful headache "which she described as if a string was tied in the head and pulled down." It was looked up and found under *Hepar sulph.* That remedy was given in the 30th and acted as quickly as a full dose of *Opium*; patient fell asleep and awoke with no sign of pain. Some weeks later the same pain returned and was again as quickly relieved by same remedy.

Dr. Lover had a case of headache whose only marked symptom was that it came at the same time of day. *Cedron* stopped it. Another case, neuralgia, the pain seemed to go right up to the teeth, a peculiar cold feeling, and always on the right side. *Staphisagria* every time gave complete relief.

"I will simply give at present two salient indications which I

am constantly verifying—*Capsicum* for mastoiditis, tenderness or redness behind the ears; *Spigelia* for iritis with neuralgic pains in the eye and radiating in the temple. This remedy has given brilliant results, surpassing *Atropine*, *Belladonna* or *Kalmia*."—Dr. Moffat.

Sundry Hints.

Dr. Candee relieved a case of troublesome pains in forearm from elbow down, including the hands, with *Cinnabar* 3x.

Dr. Hartman: I am inclined to believe that we do not cure, because we do not study the Materia Medica. About four months ago a patient was referred to me who had been having a cough for about two years; she was never free from it, and it only became more aggravated at times. The sensation was as if there was dust in the throat. It would begin about one o'clock in the morning and last until half-past five. Then it would come on again in the afternoon about half-past four and last until night. Now, she would cough almost incessantly. She was a very nervous individual and when she was around you would think she hadn't vitality enough to live the day out. You would not think she had an ounce of blood in her whole body. With that sensation of dust in the throat and from one until five-thirty in the morning and from four-thirty in the afternoon until nine in the evening this would be aggravated. I kept prescribing, but got no results. I had to admit that I could not relieve it in any way. But I made up my mind that I had better read my Materia Medica. It was not a surgical trouble which was aggravating this lady; she had had this for nearly two years before she had any surgical trouble. She had been prescribed for by the best homœopathic physicians without relief. I went at my Materia Medica one night and spent about two hours and gave her *Ammonium carb.*, and in fifteen minutes from the first dose the cough stopped. When the cough came on in the morning she took three doses of the remedy and went to sleep. Since that she has taken the remedy for three weeks and has had no return of the cough, from which she was not free for over two years.

Dr. Sheldon related a number of different cases where the well-known symptom of *Cocculus*, where the smell of food disgusts, was the keynote that led to the remedy that cured.

Dr. Proctor told of his own personal experience with retention of uric acid: "Finally, about the end of the third week, a new

symptom appeared which brought a new remedy to mind; that symptom was an intense burning sensation in the skin after sleeping; this being so intense that I was absolutely afraid to sleep for fear of the suffering. The remedy used at this time was *Urtica urens* tr., and a quicker, greater relief was never obtained, I think, from a remedy. After three doses I dropped into a quiet and refreshing sleep of two or three hours and awoke absolutely free from all symptoms of the skin irritation, something I had not done for two or three nights. The nerves were immediately quieted and all the symptoms passed rapidly away. Dr. J. Compton Burnett, of London, says that, '*Urtica* is the greatest, most potent remedy against uric acid that we have,' and I think that I have excellent reason for believing it."

A Case of Ulceration of the Bowels.

This from a paper by Dr. J. Mumford Keese, of Syracuse:

Case II. I was called in to see another Mrs. G , who was rapidly growing worse under the care of an old school practioner who had diagnosed the trouble as ulceration of the bowels.

Patient had had a discharge of pus and blood from the rectum for over three months—this appearing only when straining at stool—and she was sore to the top of the sacrum. Was habitually constipated.

Previous physician had cauterized, relieved the soreness, but the discharge from rectum continued, and a gastralgia rapidly developed, with aphthæ on cheeks and gums. She could eat nothing, because it aggravated the pains which radiated from the stomach. Had at times very severe pains—sharp and shooting—shifting from knees to legs, feet, back, sides, arms, etc. Pulse, 108. Temperature, $99\frac{2}{5}$. Tongue large, flabby, coated; breath offensive. Ptyalism marked. She had been vomiting a great deal, and was troubled by an enormous accumulation of gas, which was aggravated by drinking cold water. No distention of stomach or abdomen, and belching was very difficult. She would become almost choked, and when she did succeed flatus escaped in enormous quantities, with great force, and a greater noise. Dysmenorrhœa. Menses like water, and colorless after first show, which was hardly pink.

Thinking the case well marked, I gave three doses B. & T.'s *Argentum nitricum* M. and waited.

Reported in a week—discharge from bowel decreasing; no more vomiting, and belching much relieved; sharp pains all over body better. Pains in stomach almost entirely gone. Pulse, 80. Temperature, 98⅘. Fourteen days later, no belching, excepting one day when aggravated by eating fat pork. No more sharp, shifting pains all over the body. Tongue clean; saliva no longer profuse; appetite good; bowels regular, but discharge persistent, although not quite as profuse. Last report, all conditions relieved excepting discharge from the bowel, but that less and gradually decreasing.

I know that the *Argentum* was the curative agent. Did the cauterizing cause the acute condition?

CHICAGO MEDICAL SOCIETY.

January 20, 1901.

Salt solution in surgical and other cases was the subject of Prof. Willlard's paper at the January meeting. He spoke of its value in shock, hæmorrhage, anæmia (acute). It could be given in the bowels subcutaneously and intravenous. It should be above blood warmth. It was contra-indicated in atheroma, inflammation of kidneys and certain forms of cardiac disease.

Prof. Pratt spoke of it as a valuable adjuvant in puerperal insanity, and cited a case of interest where each injection of the salt solution quieted the patient down. They gave a quart every 4 hours by the rectum.

The writer spoke of it increasing the urine: he had found it produced perspiration, if given under the breasts. If given by the rectum it increased the urine. He also spoke of its value in amputation of the thigh.

Prof. Roberts cited a case of chronic nephritis of 12 year's standing that was helped by the salt solution given subcutaneously. Had seen good effect in typhoid fever.

Prof. Evans asked Dr. Pratt if any internal remedy was given in his insane case.

Prof. Pratt answered that *Ferrum phos.* has been given. Had tried certain compound tablets without any effect.

Dr. Kalke spoke of its value in shock if given intravenous.

Struma was the next subject, and was ably discussed by Dr. Kalke. The chief remedies he mentioned for goitre were *Car-*

bolic acid, *Iodum* and *Natrum phos.* This was an able paper and gave the resumé of the pathology and surgical treatment.

Dr. Roberts spoke of the value of the thyroid extract, and cited two cases cured and one aggravated, but the second and third cured. Another case was benefited by electricity.

Prof. Duncan cited a case of poisoning by *Iod. of potash* given and rubbed on when the symptoms simulated typhus. It was cured by the antidote to *Iodine*, which he found in Jahr was *Hepar.* Had many cases come from Rockford cured of them within a year with *Spongia* 30. *Spongia* and *Thyroid* owe their curative properties to *Iodium.* Most of the cases recorded have been cured by *Iodium* high. The symptoms of the bad effect of the *Thyroid* correspond to those of *Iodium.*

The third paper was a technical one on Splenic Anæmia, by Dr. Brown (Cook County Hospital), and illustrated by charts and slides showing blood changes. It was discussed by Dr. Wilson.

Dr. Gatchell presented a resolution against changing the meeting of the American Institute from Niagara Falls.

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February Meeting, Chicago, February 22, 1901.

The bill of fare which was placed before the members of this Society for this month was:

"Rheumatic Diathesis," by Prof. Cobb, to be discussed by Prof. Tocher and Dr. Snyder.

"*Lycopodium*," by Prof. Cowperthwaite, to be discussed by Prof. Gilman.

"General Practitioner's Examination of the Nose and Throat," by Prof. A. L. Smith, to be discussed by Prof. Gatchell.

Cobb was not on hand, but Dr. Cowperthwaite was, and promptly opened up on *Lycopodium*, pleading its use when well prepared in the higher potencies. The action of this remedy and its evolution by Hahnemann was a triumph for Homœopathy. He urged its trial and pointed out its action upon the digestive, urinary and respiratory tracts, emphasizing its well-known characteristics.

Dr. Gilman's place was taken by Dr. Evans. He thought that *Lyc.* acted through the sympathetic system and was chronic from the start. It seems to lower the functional activity

so that the venous radicals gave off their CO_2, and this was partially responsible for the flatulence. The motion of the alæ nasi was due to the restriction of respiration, as we find in bronchopneumonia.

Dr. Duncan spoke of its action to evolve urea or uric acid. He had three remedies for suppressed urine in infants—*Aconite* when inflammatory, *Hyos.* when due to nervousness, and *Lyc.* when due to the red sand. The sputum of *Lyc.* was his guide in pulmonic diseases. It resembled batter, thin and yellow.

Dr. Evans wished to add to the remarks of the writer that the Old School would not accept any drug unless it produced physiological effect. He cited instances where some Old School physicians had obtained all the effects of *Lyc.* they wanted. He thought that a drug that had about 50 per cent. of oil was not inert. He did not think it an antiseptic.

Dr. Cowperthwaite contended that his reference to antiseptic was in a vein of sarcasm. Had good results from *Lyc.* in malaria, but not in diphtheria. The headache of *Lyc.* was a dull, stupid sort of one.

Dr. Hood raised his voice against the attempt to crowd onto the profession samples of all sorts of compounds. Their hope was that some might be used. He consigned them to the waste basket.

As to *Lyc.*, he had found it of service in diphtheria. In the choice of remedies for intestinal flatulence he differentiated as follows: *Carbo veg.* when in the stomach, *Puls.* when much rumbling, but *Lyc.* when incarcerated. He thought it acted upon the glands, restoring their activity. He could corroborate its good effect in malaria when the chill came between 4–6 P. M. Called in consultation with an Old School to a case where the chill was 4 to 6, and the pains in the back running down to the bladder, *Lyc.* 30 cured after giving *Sulph.* twelve hours.

Dr. Skiles added his testimony as to its good effects in chills in children. Had one case where child would faint at that time, and there was red sand in the urine. Gave *Lyc.* 30 and the chill did not return.

Dr. Hood corroborated this statement. He saw the case also.

On Nasal Examination.

Dr. Smith gave an interesting paper on Nasal Examination. Advised using a small tongue depressor, as the broad ones caused

gagging. In nose-bleed he advised plugging the anterior nares. Cases of mouth-breathers were often due to adenoids in posterior nares. These could be felt and scraped out.

Dr. Gatchell's reply was read by Prof. Kippax. He thought the nose a good index of general diseases. Cited fact that in nasal canal in phthisis the mucous member was dry, pale and anæmic. It was never catarrhal. Catarrh never developed into phthisis.

Dr. Cobb contended that it was important to remove adenoids, and the good effect on children was often marvellous. It seemed to brighten children mentally and physically by allowing a more perfect oxidation and stimulation where before they were mouth-breathers and dull.

Dr. Hood cited cases of chorea cured by the removal of adenoids.

Dr. Smith cited one case where the nasal tissue was dark, and it was found that it was a *Cardiac* case and needed *Cardiac.*

On the Rheumatic Diathesis.

Dr. Cobb reviewed the various ideas of the etiology of rheumatism. He contended for a diathesis here as well as in phthisis. He thought the uric acid was a symptom and not the causative factor. A diathesis could be acquired as well as inherited. He thought inflammatory rheumatism an active *infectious* disease. There must be a micro-organism, although not yet located.

Dr. Tocher was called away and Dr. Snyder responded. He expected to hear a paper on rheumatic diathesis and not one on the inflammatory type. He thought that there was a diathesis as we were meeting in certain individuals as the golf shoulder and arthritis joints. He understood that the diathesis was manifest by a non-inflammatory manifestation.

Dr. Wilson thought that the similarity of rheumatism to pyæmia and other forms of pathogenic infections would have had to the conclusions of the essayist.

Dr. Hood was pleased to hear the remarks against the idea that uric acid was the cause of rheumatism. This the drug manufacturers were trying to make the whole profession adopt. In reference to the relation of the tonsils to chorea and rheumatism, he had looked up this question carefully and he could not find that they were related. In chorea the cause was central, he thought.

Dr. Duncan had inclined to the acid side of the question, but

theories were of value as they developed facts. He inquired what tissues were involved in rheumatism and asked for the modus operandi of the development of a case. He thought there was a nervous relation or predisposition, then elimination in the fibrous tissue was arrested. Uric acid or lithœmia was a secondary condition, or, as the essayist said, a symptom belonging to the disease. Why was the serous endocardium involved? How was it supplied with blood? How did the post-organic matter in the fibrous tissue develop rheumatism? He believed in a constitutional tendency to arthritis, he thought.

Dr. Smith cited cases of tonsillitis that were followed by acute rheumatism. Dr. Cobb had similar cases. ***

"AFTER SURGERY HAD DONE ITS BEST." ANOTHER SEQUEL.

Editor of HOMŒOPATHIC RECORDER.

Apropos of the history of cases reported in your journal of January 15, by Dr. T. F. Allen, I give a brief history of a case of epithelioma. I was, myself, the subject of it, and opportunities for verification of these statements are ample.

About 1883 a small tumor appeared on my lower lip, increasing slowly during a period of two years; not very sensitive, but growing more painful as it increased to the size of a chestnut; pain was darting, intermittent. The mobility of the lip was so impaired that the saliva exuding from my mouth was very unpleasant and annoying.

I consulted a number of physicians. Among the number was the late and the much lamented Dr. H. T. Hawks, of New York, he being a staunch friend whose judgment I esteemed. It was by each pronounced epithelioma, and all advised extirpation. This was done by a surgeon considered eminent in that branch of the profession. A v-shaped incision was made, about one inch at the base, and surfaces coapted in usual way. The wound did not heal kindly. There was much pain, swelling and inflammation, the latter not apparently of a phlegmonous character. No suppuration. I was then practicing medicine according to teachings received at Albany in the early sixties, though I had acquired some familiarity with Hughes' Pharmacodynamics. I selected *Sepia* as the remedy because it seemed to best correspond with my general symptoms. This was four

weeks after the operation, the lip yet being swollen and angry. The pain and swelling subsided in about four weeks, though it continued sensitive for a short period after, when it gave me no further trouble until about three years after, when the trouble returned in about the same process and same symptoms as at first, attaining the size of a large chestnut. The lip was further infiltrated; mobility impaired and saliva exuding; would often waken me at night with shooting pain. I took the *Sepia* again with only apparent palliation.

In the spring of 1899 I went to the city one morning with the expectation of having it again extirpated. The surgeon was out and I failed to see him. I then went home and resorted to my Materia Medica. I took the chart method (which I had never before tried) comparing all the symptoms, local, mental and general. I found *Phosphorus*, of which I had not thought, "leading the van." I took this 200 C. (why I took it 200 I do not know unless it was because of the history of some cases reported by S. Lilienthall).

I took two doses first day with decided > of local symptoms, later there was > of general symptoms. I took in all five doses from seven to fourteen days apart. In less than two months all soreness and painful symptoms had ceased. In three months I pronounced the lip well. No perceptible enlargement. That was eleven years ago, and I have never since had any symptom of the trouble. I still carry the scar from the operation, but can show a sound lip. Hundreds of my patients and associates can testify to the truth of this statement. Have seen me wearing three tissue plasters per month to protect my lip from observation.

I have a case in process of treatment now—epithelioma of the nose—a tumor of the size of a half hickory nut. Patient has been under treatment about a year. Tumor is now like a small, smooth wart.

This is being cured with *Thuja*.

Port Chester, N. Y. J. C. White, M. D.

DIPHTHERINUM.

February 6, 1901.

Messrs Boericke & Tafel, New York.

Gentlemen:—Complying with the request you made of me last year, when you presented me with a bottle of globules of anti-

diphtheria serum, I have the pleasure to inform you that there is in this city at present an epidemic of diphtheria, and there was in the house of a relative of mine a case of the disease on a child about ten years old, and it was found necessary to inject in him the serum. A sister of his, a child about six or eight years old, was sent to my house to save her from contagion. Three days after she was with me she began to complain of pain in the throat; and on examining her I found that the throat was very red and one of the glands showed a white spot that looked to me rather suspicious, so I decided to give this girl four of your globules, taking into consideration her short age. I gave her the medicine in the evening and early the following day I examined her throat again, and the white spot had disappeared as well as the red coloration which I noticed the night before, and up to this time she has been doing well. And as at present there are about fifty cases of this disease, I believe that this showing is a triumph for your globules. I have still enough of them and I will not ask you for more until they run short, as I do not want to lose them.

I remain, Yours truly,

ANDRES BONY.

Santa Lucia, alta 5.

Santiago, Cuba, W. I.

The "globules" referred to in this letter are medicated pellets of *Diphtherinum* 30th.

OPIUM.

By T. F. Allen, M. D., LL.D.

I have been surprised at the frequent need of prescribing *Opium*—or rather of the frequent occurrence of symptoms calling for *Opium*—in a variety of diseases, since my attention has been specially directed to the study of this drug, as adapted to numerous febrile conditions. It seems to me quite often called for. For example:

First: A gentleman had been eating imprudently and was attacked with fever, without special symptoms, except sleepiness. He wanted to sleep all the time. He had undefined distress in his stomach, with nausea, with some heat in the head, and an indefinite frontal headache; but his chief complaint was that he could not keep awake. His thirst was considerable. He

drank frequently, and a considerable amount at a time, but could scarcely keep awake long enough to tell me his symptoms. His temperature was about 103°. He received *Opium* of the 7th dilution, pellets in water, of which he took a spoonful every half hour, and in a few hours appeared to be quite well.

Second: A lady had eaten a hearty meal in the middle of the day, had driven in the park early in the afternoon, had left her carriage far uptown, rode across the park to the other side of the city in an open vehicle, and was very chilly. She made a hurried call on a friend, and took another open car to her home, where she arrived with much distress in her stomach, associated with nausea. On arriving at home, the chilliness increased, with nausea, and she vomited a quantity of bile, after which she lay down on the bed and went sound asleep, and when I called upon her early in the evening she had a temperature of 104°, but complained of chilliness; the nausea had entirely disappeared. She had no pain, and was not restless, but was sleepy and very thirsty. I should add, however, that she had a pain in the small of her back. The chilliness had disappeared, but she fancied from the aching in her limbs and in her bones generally that she had taken cold from riding in an open wagon (which certainly was imprudent, as the weather was quite cold). There were, however, no symptoms of having taken cold; she was simply chilly and nauseated. Absolutely no trouble in her respiratory organs, nor in any other organ, so far as could be discovered. She was told to go to bed, cover warmly and keep quiet; she was given *Opium* 7th, in water, every hour, and in three or four hours she was apparently well; the fever had entirely disappeared, and along with the fever the pain in the back, the nausea and the sensations in her bones had also vanished, and upon calling the next morning said she did not think she needed a doctor any more, and, apparently, was perfectly well. She was cautioned against eating a hearty meal and afterwards riding in an open carriage. These instances are frequently duplicated, and call for *Opium*, for, with quite similar cases, sometimes of gastric disturbances, sometimes of undefined bone pains and the feelings of taking cold, sometimes with nausea and vomiting, but more frequently without any evidences of positive gastric disturbance, always with sleepiness, usually with great thirst,—never with restlessness, sometimes with dull headache,—I have found most prompt results from a few doses

of *Opium*, which I have been in habit of prescribing in the 7th dilution, in water, every hour or two, and from which I have uniformly witnessed prompt and very beneficial results.

REACTION AGAINST BACTERIOLOGY.

At the anual meeting of the British Medical Association, Dr. George Wilson, an eminent and able English physician, delivered a powerful arraignment of bacteriology and serum therapeutics.

He pointed out the failure of bacteriology to do anything practical in the way of diminishing or ameliorating disease. Pasteur's treatment for hydrophobia is the merest charlatanism.

Koch's tuberculin cure never had more than a temporary vogue among irrational enthusiasts. Even much-talked of antitoxin is no longer seriously regarded, except by those who have some axe to grind in pushing it. As for tetanus serum, pneumococcic, puerperal and yellow fever serums, they were such unmitigated failures that few had courage to advocate their cause.

Bacteriology contains the fatal flaw of ecclesiastical science. It is based upon assertion, bolstered up by authority. It is defended and upheld by partisans, who make up their minds about its claims first and investigate afterwards. But like all half-truths, it has come to judgment at the hands of impartial observers.

Seeing to what extremes, and into what errors, a rash belief in bacteriology was likely to carry the profession, a number of well-balanced, unbiased minds have set themselves to see what there really is in the so-called science.

These latter-day investigators have disposed in short order of bacteriology's claim to be considered the cause of disease.

Where a specific germ was claimed to cause a specific lesion, independent investigators, working separately, have demonstrated, over and over, the presence of other germs at times, and the absence of the specific germ, in diseases clinically identical, at others. It is becoming more and more clear that what was laid down as a law in bacterial pathology was simply a hasty generalization from a few instances by men in whom judgment is at the mercy of an ardent temperament.

Bacteriology will slowly, but surely and steadily, become generally discredited. And of a necessity serum therapeutics must go with it. Reaction is well under way. The pendulum will swing back. We shall review our work during the past half century, compare it with that of our fathers, try to cull the best from both, and reorganize out practice in the light of common sense and experience. There is nothing like a foolish departure for stimulating common-sense and bringing out all the prudence and conservatism in the back-ground.—*Clinical Reporter.*

INSOMNIA.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig Pop. Z. f. Hom.*

There can be no specific for insomnia if for no other reason than this, that insomnia is mostly only a symptom, a symptom of a primary fundamental ailment, which may have very different causes. The insomnia in heart disease must be adjudged and treated in a manner differing from the insomnia of a fever-patient or of a nervous patient. One person can not go to sleep because there is too little blood in the head, another, because there is too much. All this will have to be weighed and considered. There will always be remedies more or less reliable in certain categories of insomnia. It will always be best to take our refuge to such soporifics as are—harmless. For the injurious nature of many soporifics is demonstrated. There are at this day not only slaves to *Morphine*, but also slaves to *Bromine* and to *Chloral*. *Morphine* is hurtful from the very beginning in the insomnia of cardiac patients as well as in the insomnia of fever patients.

We shall here treat only of the harmless remedies which nevertheless are often successful. From the therapeutic treasury of Homœopathy we would adduce *Ignatia* in the insomnia from grief, from continuous vexation, from suppressed indignation and habitual megrim, as well as from hysteria. *Coffea* in general excitement, throwing oneself around, and feeling as if too strong or too much coffee had been partaken of. If the latter is actually the case, *Nux vomica* should be chosen.

A very effective remedy for insomnia is also *Zincum*, which acts on the brain as *Ignatia* does on the spinal marrow ; especially

Zincum valerianicum, which I give either in the first centesimal trituration, or freshly made, one decigram triturated with ten decigrams of sugar of milk. Of this mixture I gave two or three doses of the size of a bean. It will also drive away toothache resting on nervousness and attended with insomnia. This state, indeed, is more or less acute, but *Zincum* is also suitable in subacute and chronic insomnia with excitation of the nerves. It is well-known that *Valerian* alone will also quiet the nerves and induce sleep, and a sleep that is much more blessed than sleep induced by *Morphine*. Valerian tea, warm or frequently more effective when cold, or used in doses of 10–15 drops, is a domestic soporific. *Pulsatilla* and *Sepia* quiet the impetuous heart beats. *Kali carbonicum* is even more effective in this direction, and cannot be too warmly recommended where insomnia is really the chief symptoms.

Where *Sepia* is ineffective *Kali carb* may help, and inversely. A wineglass half full of water may receive four drops of *Kali carb.* (or *Sepia*) 12 D., and when going to bed take a teaspoonful, and, if needed, another teaspoonful after two hours. *Pulsatilla* is indicated in persons whose stomach is affected, who are troubled with flatulence, are chilly, may have hysterical tendencies, of pale habit, and showing an effeminate and soft-hearted temperament. Of *Pulsatilla* patients, if of the female sex, we would say that they would not furnish a Maid of Orleans.

To complete the list we must yet mention *Aconite*, which is indispensible in rushes of the blood, in nervous palpitations, in restlessness and in tendency to get frightened; also where the body is prone to neuralgia and aggravations appear at every change of weather, during thunderstorms, east winds, raw weather, and especially before a snowfall.

We would call attention in addition to one peculiar kind of insomnia and its prompt alleviation, namely, one that is caused by great sensitiveness to external noises. Thus there is an acoustic hyperæsthesia, which is also caused by the abnormal functions of the nervous system.

Dr. Otto Felsing (in his *Buch fuer Alle*, 1899, No. 13) in an interesting article on "How to Guard Against Noises," gives a simple, innocuous method which has proved itself useful in practice, and which protects from insomnia due to this cause.

White wax for sewing, without any adulteration from stearine or other hard substances, is taken, of the size of a bean, kneaded

between the fingers to soften it and extended into a thin wafer. Into this is pressed about as much raw cotton as would equal a down feather; this is imbedded into the plaster of wax and rolled into a ball about the size of a filbert. Around this is laid another thin film of raw cotton and by kneading it between the fingers it is pressed into the ball. The surface eventually ought not to have a woolly appearance, but ought merely to have slight downy hairs over it. Any one will after one or two experiments soon get the right size of ball for each ear, the auditory passages being of varying dimensions with most men.

This is Dr. Felsing's method; but we would recommend a certain care in plugging the ears with this mass In taking out the mass nothing should remain in the ear, else ear-wax would form on it, causing it to form a plug that might injure the hearing. Many will, no doubt, thank the author for his idea. There is little trouble, but a great reward.

HOMŒOPATHIC CURE OF HYDRONEPHROSIS.

Dropsy of the Kidneys.

By Dr. E. Eckert, of Breslau.

Translated for the HOMŒOPATHIC RECORDER from *Leipz. Pop. Z. f. Hom.*, January, 1901.

Homœopathic practice daily offers new proofs that it is possible, through well-selected homœopathic remedies, to cure diseases which, according to the opinion of the great number of physicians, call for the knife of the surgeon. The works of men like Bojanus and Schlegel, who are specially devoted to the homœopathic treatment of so-called surgical ailments, ought to encourage every homœopath to further develop this debatable ground between surgery and internal medicine, and to bring more and more of this debatable region into the possession of internal medicine to the great benefit of their patients.

The example of the cure of renal abscess given here is a drastic example. It is of especial interest, because the same remedy which produced a cure at the same time cured a severe ailment of the stomach from which the patient had suffered for years and for which she had been operated twice before. This is an additional proof that a homœopathic remedy which covers the totality of the symptoms of a patient is able also to fully and

entirely heal the person, no matter how many names of diseases the allopathic school may use in its diagnosis of the case.

I may premise that hydronephrosis is a dilation of the pelvis and of the origin of the ureters. It is caused by an accumulation of urine in consequence of an impediment to its discharge. Such an impediment may arise from the presence of renal calculi, or through strictures, contractions or cicatrices in the ureter, or compression of the same due to swelling or to inflammatory processes in the same. If hydronephrosis is long continued, the renal substance wastes away from atrophy due to pressure. This may interfere with the excretion of the urea, causing uræmia. The hydronephrosis may also burst and a fatal peritonitis may follow. To escape these dangers, modern surgery usually opens the abdominal cavity, exposes the abscess, splits it open and, after emptying it, causes it to become inactive. On account of the difficulty of access to the kidneys, deep in the abdominal cavity at either side of the spinal column, this operation is one of the most bloody and difficult in modern surgery.

In the beginning of last April I was called to Miss E. S., from Breslau, aged 17 years. She was a sad sight. Pale, and almost a mere skeleton, tormented night and day by the most furious pains, she lay there. The father told me that she had been twice operated upon in the abdomen; that the surgeon considered her too weak to stand another large operation which was necessary for her cure, as she was suffering from hydronephrosis. The allopathic doctor who had last treated her had declared that he could not do anything any more, except to inject morphine. As he had not the time to visit the patient as often in the day as would be required, he had handed the father an injector and instructed him how to inject the morphine. The pains were now so violent that the injections had to be made every $2\frac{1}{2}$–3 hours. But as the father saw no improvement from this treatment, he had sought refuge in Homœopathy, which had been recommended to him by another party. In my examination I found a cicatrice extending from the xiphoid cartilage to the navel, evidently due to one of the two operations. The whole of the abdomen was much distended and moderately painful to the touch. On the right side I found a plainly fluctuating swelling, elastically distended, extending almost to the median line in front. This gave a dull sound on percussion and was pretty sensitive to the touch. The swelling was plainly connected with the kidney, as its

position and relation evidently excluded any relation to the liver and to the abdominal organs. There was retention of the urine, *i. e.*, only a little concentrated urine was discharged at long intervals. When the least bit of nutriment was taken, whether this was solid or liquid, violent pains would at once develop in the pit of the stomach; at the same time there was a sensation of fulness, followed immediately by raging pains in the swelling just described. There was no evidence of any unconfined fluid in the abdomen. There could be no doubt as to the diagnosis of hydronephrosis, since the father told me that the physician had at his last visit inserted his needle-pointed injector into the swelling and had drawn out clear urine.

I first prescribed *Apis*, expecting that this remedy would stimulate the activity of the healthy left kidney as well as that of the right; for we know from experience that in such cases the healthy kidney vicariously takes up the function of its diseased partner. I was not willing to take any other measures before communicating with the surgeon, so as to find out the cause and end of the prior operations. The lay statements of her relatives were, of course, insufficient for the purpose. The surgeon, who is considered a very skillful operator, immediately wrote to me that two years ago he had operated on Miss E. S. on account of a cicatrice due to an ulcer of the stomach, and that he had at that time severed a number of attachments between the stomach and the peritonæum, and had allowed some fœtid pus to discharge itself. The patient has recovered slowly from this operation. Half a year ago another operation had become necessary, which consisted in forming a gastro entero anastomosis, *i. e.*, a connection between the stomach and the small intestines with the exception of the duodenum, because the food could no more pass from the stomach in the ordinary way owing to the constriction of the pylorus due to a constriction from a cicatrice. A short time since a swelling appeared on the right side of the body, which he had diagnosed as hydronephrosis, and from which he had drawn urine through a puncture.

A change in the state of the patient appeared in the days following, in that the pains in the pit of the stomach became ever more unbearable. Vomiting also had appeared, and once the matter vomited up was said to look like raw meat; but, to my regret, I did not get to see this substance. The epigastrium was much distended and sensitive to the touch. There was a sensa-

tion as of a lump in the stomach. The pains were gnawing, and they radiated in every direction, but most strongly toward the spine. All nourishment when taken increased the pains. The pressure of the hand upon the stomach brought a transient relief. The pains in the kidneys continued unchanged, and there was no diminution perceptible in the swelling. The urine discharged daily had somewhat increased in quantity. The symptoms, in the stomach especially, caused me to give *Argentum nitricum.* I gave this remedy in alternation with *Apis.* From the day on which the patient received *Argentum nitric.*—it was the 14th of April last—a remarkable change began in the state of the patient. In a few days the raging pains in the stomach, the nausea and vomiting ceased. At the same time the patient told me, all radiant with joy, that for the first time since a long period she had been able to sleep without taking morphine. But what surprised me most on examining her was an evident diminution in the swelling on the right side of the abdomen, which also was no more sensitive to the touch as it had been. The daily quantity of urine discharged had also increased somewhat at this time. This gradual alleviation continued for several days, after which the swelling became again more sensitive. I now determined, as the first improvement had set in after beginning the use of *Argentum nitric.*, to omit *Apis*, and I continued *Argent. nitric.* alone. The effect was striking. In the following days there was a copious discharge of urine and a rapid diminution of the renal swelling. The stomach symptoms had not returned. The appetite and the general condition of the patient visibly improved, especially since I gave *Argentum nitric.* more rarely, interjecting constitutional remedies, such as *Calcarea phosphorica* and *Ferrum hæmat.*, Hensel, so that the patient, in the middle of May, could leave the bed to which she had so long been tied. The swelling had entirely disappeared, the micturition was normal, the appetite and the sleep were good, the patient was free from all pains. After her strength had improved during the summer through the use of the constitutional remedies, I prescribed a visit to one of the Silesian Springs for her full restoration.

The effect of *Argentum nitric.* in this case was most striking. I am convinced that this effect would have been even more brilliant if I had given this remedy first and had given it alone. There is no doubt that the cure was delayed for a time through the *Apis*

given in alternation. In common practice it has no doubt proved useful to give remedies in alternation, and thus to get along with two crutches (metaphorically speaking) more quickly than with one. But we must never forget that *one* remedy alone, or rather *the remedy* rightly selected will most quickly and most strikingly enable us to reach the goal. This was again proved in the plainest manner in this case.

CASES FROM PRACTICE.

By Dr. Schier, of Mayence.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, January, 1901.

I shall now give some cases of diseases which though of frequent occurrence are at times not recognized even by experienced physicians, and are, therefore, at times incorrectly treated, because the symptoms caused are at times but slightly characteristic.

Tape Worm.

I. Philip W., aged 62 years, from B., near Mayence, appeared in my office on September 17, 1899. He has for several years been suffering from an undefined colicky pain, now here, now there. One day there is a pressure in the pit of the stomach, another day he complains of a pinching in the splenic region, then again a pain digging round about the navel. Not always, but frequently, the pains are most severe early in the morning before he has taken any nourishment. The tongue, even to the tip, is coated white, there is eructation, also frequently nausea; the appetite is mostly good, sometimes even ravenous; the stool is usually regular, inclining more to constipation than to diarrhœa. A great excitability and irritability seems striking, even to the patient, who says, that on the whole his life is very regular. He is not able to give any cause for the disease. Several physicians have treated him in vain for some time, diagnosing the case as chronic catarrh of the stomach and bowels.

He received first of all *Nux vomica* 4 D., six drops in a spoonful of water every three hours. In the evening the patient was directed to make a packing, after Priesnitz's method, around his abdomen. This might remain, well covered, all night long, and he is to give particular attention to his stool.

On September 26th the patient appeared in my office for the second time, saying that "the remedy did not help him at all;" still once he saw several pieces like noodles in his stool, and he brought with him a piece about two inches in length.

Whoever has studied the prospectuses of tape-worm killers will find that they are so cunningly devised that nine out of ten readers will be led to believe that they have tape-worms. Since few people are entirely well, they will be very apt to have some of the rather vague and general symptoms described by the venders of these patent medicines. Still even such prospectuses have their use, as they call the attention of some persons really afflicted with tape-worms to their condition. The cloven foot, however, appears elsewhere; for such specialists are apt to charge five times as much for their remedies as the patient would have to pay in any reliable drug store. Since these advertisements lay but little stress on the finding of tape-worms in the stool, which alone makes the diagnosis sure, many readers use these patent remedies without being sick; which is the more reprehensible, as the treatment is by no means harmless in many cases.

When I examined the piece brought by my patient, it showed the presence of *tænia saginata*, which had, no doubt, been caused by eating raw, *i. e.*, imperfectly cooked beef.

To disgust this uninvited guest, the patient was advised to eat a hering and a quantity of cooked cranberries in the evening, then in the morning, one hour after taking the tape-worm remedy—six capsules of etheric extract of fern root and some capsules of castor oil—the worm, several yards in length, was discharged together with its head, freeing the patient at one stroke from all his ailments.

Inflammation of the Kidneys.

II. Francis B., of Mayence, five years old, was brought to me for examination while I was visiting his older brother, who was sick of acute inflammation of the throat. The little boy looked pale and complained of weariness, his appetite was good, he had no pains; the tonsils were covered but hardly reddened; there was nothing abnormal in the lungs, nor in the stools; the urine had not been noticed. As a whole, the boy made the impression of being anæminic and scrofulous. This state had lasted about four weeks, but I could not find out anything as to the cause.

A certain bloated state of the face was a prominent and suspicious symptom, especially noticeable in the lower eyelids which seemed swollen. Before making any prescription I had a sample of the urine, which looked normal, sent to my house: an examination of this urine showed considerable albumen. Only now I found out that the boy had had a "nettle-rash" four or five weeks before, but this had seemed so slight that no doctor had been consulted.

Several times during the last summer I had to treat several quite similar cases, and it is quite surprising to note the apparently harmless and still malignant nature of such cases of scarlatina. For it was now manifest that I had before me a case of inflammation of the kidneys, a sequel of scarlet-fever, and only a most exact investigation and consideration of all the circumstances had enabled me to diagnose the case correctly. The correctness of the diagnosis was shown by the desquamation which developed a few days later.

The treatment of the case had no difficulty for a homœopathic practitioner. It consisted in *Apis* 3 D. with *Hepar sulph.* 4 D., alternating every four hours with *Chin. arsen.* 4 D. This was accompanied with half baths every day at a temperature of 99° and of 15 minutes duration, followed by an application of hot linseed poultices to the renal region while the patient kept his bed. The diet consisted chiefly of milk and of soups made of rice, farina, barley, oatmeal and sage. In consequence all the morbid symptoms disappeared within six weeks.

Renal Colic.

III. Mrs. A. W., in Mayence, 38 years of age, had been treated for several years by her family physician for "catarrh and cramps of the stomach." As she received no lasting relief she called at my office on the third of last September. The patient is of vigorous constitution, rather inclined to stoutness than to leanness; she looks somewhat bloated. Her appetite is usually good, stools are regular and copious. After eating she has a disagreeable sensation of fulness so that she can scarcely draw her breath; eructation with nausea, pressure in the gastric region, discomfort and "a gone feeling" are almost constant. The tongue is but little coated, heart and lungs are sound; all other functions are also normal.

At times, *i. e.*, every 3–5 weeks, vomiting sets in of watery or

of bilious substances, but this brings no relief; the choice of food has no effect on these spells.

Carduus marianus 3 D., six drops in a spoonful of water every two hours, did not produce the relief hoped for; on the contrary, the patient sent for me in a hurry on September 6th, in the evening, stating that she had an attack of cramps in the stomach more violent than former ones, and she ascribed it to the medicine. At my arrival I found the patient sitting in her bed, her face distorted from pain; she could not lie down, as she could not then get breath. She knows of no error in diet on her part, but had vomited a good quantity of bile just before my coming. The pain is of a piercing character, radiating from the heart even to the back and extending itself in the back even to the tip of the right shoulder blade. Pressure neither increases nor diminishes the pain; pleurisy might have been indicated by the dyspnœa, but there is no other indication for it, neither is there any cough or jaundice.

The symptoms of pain in the tip of the right shoulder blade, which an allopathic physician might have scarcely noticed, as well as the suddenness with which the attack set in, led me to suspect that the ailment might be something very different from cramps of the stomach. I prescribed *Atropinum sulph.* 3 D., five drops every half hour, but not more than five times in succession.

At my visit next morning the patient informed me that the pain had ceased suddenly and much sooner than usual, *i. e.*, after about two hours, and that she now felt quite well with the exception of a certain weariness.

The morning-stool, which luckily was still at hand, was then closely examined according to my discretion, and there was actually found an egg-shaped, greyish-brown biliary calculus of about the size of a thick bean. It is more than probable that also her former attacks had been renal colic; but the symptoms were too little typical to cause me to find fault with her physician on account of incorrect diagnosis and treatment. Especially unusual was the lack of jaundice, which can only be explained by the supposition that the incarceration of the calculus had taken place in the exit of the gall-bladder, the *ductus cysticus*, while the calculus was afterwards quickly conducted onward through the ductus choledochus.

Still this atypic course is by no means rare while renal colic,

renal inflammation and tape-worms belong to those ailments in which faulty diagnoses are most frequently made.

(With regard to the absence of icteric symptoms which, as the author states, are by no means so very rare, we would quote a remark of Prof. Struempell: "*We should make it a rule* in all violent pains in the region of the stomach and of the liver which set in suddenly, especially in women during the middle period of life, to consider the possibility of renal calculi. Any slight symptoms of jaundice noticed at the same time will make the diagnosis more probable, while the absence of jaundice by no means makes against the presence of such calculi. *Ninety per cent. of patients having renal calculi are in the beginning free from iaundice.* Among these ninety per cent. surely scarcely one-half in the beginning of their ailment have typical, *i. e.*, severe attacks of renal colic; most of them suffer from so-called cardialgias, others only from occasional discomfort, lack of appetite, vomiting after vexation, etc. During a continuance of the ailment the per cent. of cases showing jaundice increases." *Editor of Lipz. P. Z. f. Hom.*

TUBERCULINUM AND DIPTHERINUM.

By Dr. A. Nebel, Montreax.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, January 31, 1901

Diphtherinum.

We have not very many reports in our journals as to the effects of *Tuberculinum* in high potencies, so I will add a few to our store.

I. Mr. R. L., an apprentice in a silk factory in Geneva, was seized with diphtheritis. Eight days after being seized he received his first injection of the serum. There appeared red spots on his body, "these spots also settled in the joints, so that he could not move for several days." There remained as an after-effect a paralysis of the muscles of the palate, and a considerable weakness in the lower extremities. The patient came to Montreux to be treated by Dr. Mercanton. The paralysis of the fauces gradually diminished, but a feverish state developed, attended with an acceleration in the action of the heart, for which nothing was prescribed but ice. As the patient continually grew weaker and thinner, he came to me to be treated.

The patient is a lean, young man with a hectical flush on the cheeks, the pupils much dilated, a strawberry tongue, lips deep red, dry and chapped. The thorax had much fallen off, making the ribs project. The left lung showed dullness, extending to the second rib; the right lung showed subclavian dullness, and there were extended moist, rattling noises. There was palpitation of the heart. The pulse was 150. Much thirst, hardly any appetite, little sleep, weakness, resembling paralysis, in the lower extremities.

My prescription was: *Tuberculin* 1000 C. and *Phosphorus* 200 C. The rattling and the sleep improved; the dullness in the lungs showed but little change; the cough had much diminished, and there was less fever. But as the pulse had not receded and the weakness continued I gave him *Diphtherinum*. *On the day on which he took this medicine the pulse fell to 104; palpitation diminished.* Increase of appetite; the chest is beginning to fill out again.

Prescription: *Sulphur* 1000 C., *Calcarea carb.* 8 D., on which the improvement continued. There appeared a rash on his face which resembled acne. I prescribed *Diphtherinum* 50 C., *Tuberculin* 1000 C., one dose of each at an interval of eight days. Pulse 80; the cough had almost disappeared in the evening. Some thirst.

Prescription: *Psorine* 30 C., *Sulphur* 1000 C., one dose of each within eight days. Mr. L. feels quite well. The muscles of the thorax are well developed, the cough is gone, *pulse* 65. The dullness is lessened; there is only a slight rattling during violent coughing.

Mr. L. was sent to the Riviera with *Hydrastis canad.* 2 C. and *Calcarea jod.* 8 D. To show the improvement in numbers I give the weight of the patient: November 20th he weighed 51.60 kilogrammes; November 26th, 51.80; December 3d, 53 00; December 10th, 53.80; December 17th, 54.20; December 24th, 54.40 and December 31st, 55.80 kilogrammes; thus in five weeks and a half an increase of about eight pounds and a quarter was obtained.

Epicrisis. I gave *Diphtherinum* owing to my belief that the tuberculosis in question was still influenced by the after-effects of diphtheritis and the toxic effects of the serum, and because the very slight increase of only 200 grammes a week seemed to me to point in that direction. In addition to this, a few days

before, on proving on myself the third trituration of *Diphtherinum*, I had noted the following symptom: On sitting down on a chair a weakness resembling paralysis *in the small of the back and in the lower extremities*, so that I had to really *drag myself* to the table. Much *acceleration in the action of the heart and of the pulse* at night, after taking some of the third decimal trituration at 7 P. M.

Hydrastis was given in accordance with Burnett's statement: "*It seems to actually fatten up tuberculous patients.*" With persons who are at all inclined to be florid I do not give the original tincture as, Burnett does, but dilutions, since *Hydrastis* may cause hæmorrhage.

II. Miss V., after taking a bath, suffered from troubles in the larynx and the lungs. In the last five weeks she has *lost eleven pounds*. Anæmia, emaciation, especially of the chest and mammæ. Cough, expectoration, thirst, loss of appetite and constipation. Oppression on the chest. Infiltration of both tips of lungs. Very much depressed and despondent. The patient received in succession:

Tuberculin 1,000 C., *Phosphorus* 200 C., *Pulsatilla* 30 C., *Calcarea carb.* 100 C., *Thuja* 100 C., and *Sepia* 100 C. In consequence, first of all her mental state became light, expectoration and cough disappeared, she breathes easily, and appetite and stool are normal. A local examination showed diminution of dulness, and fullness of the chest and mammæ.

The improvement showed itself also in the following weights: November 10th, 1900, 52.10 kilogrammes; November 19th, 53.00; November 26th, 54.40; December 3d, 55 60; December 10th, 56.00; December 17th, 56.90; December 29th, 57.60, an increase of over 12 lbs. The patient is still under treatment.

Thuja had in this case a favorable effect: a severe leucorrhœa appeared, which soon diminished again, showing that the disease had found a vent in the mucous membrane. *Thuja* was used owing to the anamnesis, which showed that the patient after vaccination had suffered from tetters, which had been driven back with ointments, since which time little nodules resembling acne have appeared on the forehead during menstruation; also, soft warts on neck and chest.

While in these cases the effects of *Tuberculinum* are not so manifest to the uninitiated, owing to the subsequent use of the other remedies, the case which I shall give now shows the pure ff ect of *Tuberculinum*.

III. A boy of 13 years, from Vevey, was sick from angina diphtheritica. This was accompanied with fearful headache, extending from the neck to vertex, with swellings in the back of the neck and the occiput. It was supposed that there was an affection of the middle ear and of the cellulæ mastoideæ. Seven weeks had passed without any appreciable improvement. On the paracentesis of the tympanum there was discharged some pus for two days.

I found him with a face somewhat bloated, with his tongue coated white at the root. There was strawberry tongue, emaciation of the chest; *the processus mastoidei on both sides were not sensitive even to strong pressure.* Swelling of the occiput and neck down to the fifth cervical vertebra. *The head is held fixed sideways toward the middle of the clavicle. If the boy wants to move his head he has to seize it with both hands and turn it slowly with painful distortion of the muscles of the face, until it reaches the position desired.* Even the slightest pressure on the first, second and third cervical vertebræ is very painful. The skin over these vertebræ is very tense and somewhat reddened. The periosteum seems swollen. My diagnosis pointed to tuberculosis of the atlas and of the second and third vertebræ, consequent on angina diphtheritica. The lymphatic glands of the neck were enlarged.

Treatment: The boy who had, hitherto, been lying on high pillows was laid down *as flat as possible. Tuberculin* 1000 C., five grains, during the day. I had made out with my colleague P. that I would call again in three weeks. In the meantime the patient was to take *China* eight days after the *Tuberculin*,—to counteract the anæmia which had set in owing to violent bleedingof the gums and the nose. But as my colleague ceased his visits, the *China* was not used. I saw the boy again after about five weeks. I was told that *two days after* taking the *Tuberculin*, he could move his head more freely, the swelling of the neck had diminished, his appetite had returned, and a short time afterwards he was able to get up and to run about.

When I examined the boy *the swelling had altogether* disappeared, and the vertebræ showed pain on pressure; he looked much better, his appetite was excellent, and the fullness of the chest was manifest and surprising. The lymphatic glands of the neck were somewhat smaller; the hæmorrhages had returned the first day after taking the *Tuberculinum*, but had then ceased

altogether. The boy then recieved *China* 13 C. for eight days, two doses of *Calcarea carb.* 100 C. at intervals of eight days, to fully eradicate the scrofulosis.

This case manifests clearly the *rapid* and long-continued action of *Tuberculinum.*

IV. The next case had a slower course: Madame A., in Veney, had been coughing constantly for twenty years. She had formerly been anæmic. For the last half year her strength has been decreasing, and she has become emaciated, and mentally she is much depressed. Pains in the chest, oppression of the chest and difficulty in swallowing. There is dullness in the tips of the lungs; there is a slight moist rattling, more distinct and strong when coughing. There is a *decided smell of the axillæ*, strawberry tongue, lack of appetite, distaste to milk, constipation, bad sleep. Since eight weeks there has been *a swelling of the tibia* three fingers' breadth below the knee joint. The family physician had made an incision. The part of the tibia affected is as large as the palm of the hand; the skin over it is tense and hot. The periosteum is thickened, the tibia is spongy, uneven; pressure on the part affected is very painful. On pressure, the fistula discharges pus, mingled with dark blood. It is almost impossible for her to walk.

Prescription: Rest in bed, the diet more vegetarian, *Tuberculin* 1000 C. After eight days there was a measurable improvement in the mental state. Sleep, cough and oppression, as well as the palpitation, improved. The skin on the tibia is less tense, the swelling somewhat diminished in extent. The secretion has increased, pressure is less painful. *Silicea* 100 C., one dose.

Eight days later the cough is quite gone, the patient breathes easily, has appetite and is more vigorous and robust. The swelling is now of the size of a silver dollar; the swelling of the periosteum has diminished. The bones can now be plainly distinguished through the skin. *Tuberculin* 1000 C. and *Silicea* 100 C. are prescribed, one dose for three weeks each.

After the lapse of this time the spot affected has the size of a quarter of a dollar, the secretion is scant; pressure causes it to discharge some white, cheese-like detritus, no blood being mixed with it; the fistula shows a clean granulation. The woman looks far fresher, her mind is bright, her sleep excellent, so also her appetite, and the stool is normal. The bone of the tibia on the spot affected is only sensitive when strong pressure is ap-

plied; the patient can work all the afternoon in the kitchen. The local lesion will evidently soon be quite healed up.

V. Now let us descend for a moment into a lower region:

Osteomyelitis tuberculosa of the first phalanx of the thumb, which has lasted for four years. Ulcera cutis tuberculosa lymphangitis tuberculosa since two years. The subject was a young man whom I had first seen three years before, and on whom I had made my earliest homœopathic experiments. He had received from me *Silicea* 4 D. and 6 D. for about a month, and as he saw no result he stayed away. The affection of the bone caused him but little pain and hardly hindered him in his work. But the ulcers were very troublesome on account of their profuse secretion. From the wrist up to the middle of the clavicle there were about ten deep ulcers, in size up to a half dollar, with a fatty ground. They extended from the pectoral muscle to the ribs and down the anal fascia. The metacarpo-phalangeal joint of the thumb was very spongy and enlarged, as were also the phalangeal bones.

There was eczema on the dorsum of the hand toward the index finger.

Prescription: *Tuberculinum* 30 C. The secretion increased and in eight days the ulcers (after running for two days) were all cleaned out, just as if a salve of *Argentum nitricum* had been applied. Prescription: *Tuberculin* 100 C. The ulcers showed everywhere healthy granulation and a tendency to be covered with a membrane. In three weeks the ulcers had all formed cicatrices, but were still very red. The swelling of the bones and joints had at first increased largely, the secretion of the fistula was augmented considerably, but after that it diminished by a full one-third.

I suggested to the patient to have the operation of sequestrotomy performed, which was accordingly done. The cicatrices have grown much paler. The moist eczema on the back of the hand proved to be lupus; diaphanoscopy showed about four nodules. Gradually it diminished and became drier. After the necrotomy it increased somewhat, probably in consequence of the *Iodoform* that had been used. The quick healing of the ulcers was most wonderful; still my colleague who performed the sequestrotomy was not inclined to acknowledge the action of the *Tuberculinum*, and since the patient had bathed his ulcers at the same time in water from the Krenznach Springs, he ascribed the

cure altogether to the latter. It was, however, curious that this same water had been applied for two years without producing a cure, but now it would seem to have made a turn and to have healed the case in two weeks!

The effect of an appropriate dose of *Tuberculinum* is always rapid. First of all it shows its effect upon the mental symptoms: the nervous person is calmed, the despondent person becomes more cheerful and bright. The increase of the bodily weight is striking. If it does not take place within fourteen days then the dose was too low. One of the most manifest effects is the filling up of the chest and of the mammæ. By watching the bodily weight we can get reliable direction as to the repetition of the dose.

BOOK NOTICES.

Diseases of the Heart. By A. L. Blackwood, M. D., Professor of General Medicine in Hahnemann Medical College, Chicago, etc. 261 pages. Cloth. $2.00; by mail, $2.12. Halsey Bros. Co., Chicago. 1901.

A book divided into thirty-three chapters covering all the heart diseases and peculiarly rich in therapeutics; also considerable attention is devoted to general treatment.

The book ought to have a good sale.

A Manual of Homœopathic Materia Medica. By J. C. Fahnestock, A. M., M. D. 264 pages. Cloth, $1.50. Published by the author. 1901.

A very excellent condensed Homœopathic Materia Medica with 264 printed pages, and an equal number, the right hand page, left blank for notes, the same as was Hawke's work. Under the heading of each section, which is of course the name of a remedy, the pronunciation of the name of the remedy is given. The book is pocket size.

International Homœopathic Directory. 1901. London Homœopathic Publishing Company.

This excellent directory of homœopathic physicians, in all

countries outside of the United States, for 1901 comes promptly to hand, and much enlarged over the previous issue. It is a very useful little book, especially to travellers who may need homœopathic treatment. The one criticism we have to make is in the list of "homœopathic works published in 1901." This, in the first place, is very incomplete; next it has among new books some old stagers from plates that have not been changed for years, save for date on title page; and, lastly, some books that are not homœopathic. One of these latter is the production of a diploma mill "doctor," who, when last heard from, was advertising in spiritist newspapers to "cure" all diseases by "occult" methods. It is not right to catalogue books of this nature with the works of reputable physicians.

Electro-Therapeutics and X-Rays. By Dr. Charles Sinclair Elliot.

This is one of the few books on the practical application of electricity in medicine that is sufficiently brief, plain and practical to come within the scope of use for the general practitioner. Such a work that becomes at once available to the use of the general practitioner must be stripped from its technicality as much as possible, and present the practical side of electrical application in disease. Of course, we must not expect too much from electrical treatment, as it is surely not a cure-all, but as an accessory to other treatment it becomes, at times, a most desirable adjunct in the cure of stubborn cases not amenable to ordinary medical treatment.

This book certainly presents the practical side of the subject in a brief and plain manner so that it is easily understood by those not specially trained on the subject. About sixty-six pages of this book are devoted exclusively to the X-rays.—*Medical Summary.*

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

NEW YORK, FEBRUARY 27, 1901.

EDITOR OF THE HOMŒOPATHIC RECORDER:

In accordance with the instruction of the Executive Committee I herewith transmit to you the result of the vote on place of meeting of the American Institute of Homœopathy for its session in June, 1901. As the vote was not canvassed until the 23d day of February, practically all votes were received in time to be counted.

The number of votes cast is surprisingly large and indicates the interest taken by the Institute members in the matter of place of meeting. No such expression of opinion from so large a number of our Institute members on any given subject has ever before been obtained.

Result of vote: Montreal, 56; Cambridge Springs, 27; Niagara Falls, 281; Richfield Springs, 569; Blanks, 36; total, 969.

In accordance with this decision the American Institute of Homœopathy will meet at Richfield Springs, June 18, 1901.

I am,

Fraternally yours,

E. H. PORTER,

General Secretary of American Institute of Homœopathy.

DR. MIESSLER sends in the following corrections of mistakes occurring in his paper published in the RECORDER for January:

"On page 33, second line from top, read discern for discover; on 4th line, on same page, read 'motto' for matter; on page 34, on 16th line, read 'rendition' for revision; on page 35, on 20th line from top, read 'Heyse's' for Heyre's; on same page, 5th

line from bottom, read 'mottoes' for matters; on page 36, 13th line from top, read Hahnemann Medical College of Chicago for Homœopathic, etc.; on same page, 19th line from top, read 'papers' for pages."

Medical Talk is a breezy little free lance recently turned loose on the world to worry the souls of the big wigs, and to say and do original things. In March it says:

"Insanity is a hard word to define, but if we were to attempt a definition we should say that a man is insane when he does anything to injure himself or others without some rational object in view."

Suppose a man was to meet the editor of *Talk* some night when the editor's pockets were bulging with subscription money, sand-bag him, and take his money away, would the sand-bag man have a rational object in view in thus injuring the *Talk* man?

A BUFFALO, not a member of the new order, but a citizen of the Pan-American Exposition city, citizen, a preacher, recently preached against vaccination. This aroused the wrath of the *Buffalo Medical and Surgical Journal*, and it retorts "And Baalam's Ass Spake," which demonstrates that the *B. M. and S. J.*, whatever its qualifications in the matter of medicine, is sadly off in Scripture, or else it is very subtle anti-vaccinationist. We all know (barring those who don't) that had not Baalam's Ass have spoken Baalam would have fared badly. Hence, if the Buffalo preacher is in the role of the ass the editor should harken to his voice.

A CORRESPONDENT sends us the following clipping from the *Washington Post*. The date we cannot decipher, but it is about March 1st. Our correspondent says it is of at least "passing interest."

"I took a stroll up Massachusetts avenue to Scott Circle," said Representative Esch, of Wisconsin, yesterday, "and I was viewing the Hahnemann statue. The inscription on it quite surprised me, for it reads: 'Similia similibus curentur.' Now, old Dr. Hahnemann was too positive a soul to ever use the subjunctive mood, which is incorrectly employed in this inscription. It

reads, when correctly written: 'Similia similibus curantur,' the last word being the indicative mood, passive voice, of the verb."

"Some days later I was going through the basement corridor of the Capitol," added the Wisconsin member from La Cross, "and I noticed the model of the Hahnemann statue stored away there. I was curious to see how the Latin inscription was written on this model. I found the inscription correctly written on the model, and why it was changed on the statue I cannot imagine."

A SENECA, Kansas, correspondent of the *Medical World*, Dr. Joseph Haigh, agrees with another correspondent of the same journal when he asserts that vaccination is no protection against "Cuban itch;" otherwise, small-pox. The worst cases in Seneca had been successfully vaccinated, he says. One of them, his office boy, "was a typical case of successful 'take.'" Still about the time the scab came off he developed a fine case of small-pox. Then his brother, who had been vaccinated three times, but no "take," developed the disease. After this the first boy, in two weeks after recovery, developed a still worse attack of small-pox. Hence Dr. Haigh thinks vaccination is a fraud.

THE following letter addressed to the HOMŒOPATHIC ENVOY will not be out of place in the RECORDER pages:

PARIS, February 13th.

The Editor of the HOMŒOPATHIC ENVOY.

Dear Sir:—Several months ago I read in your popular journal a note about the bust of Hahnemann over his grave at the cemetery of Pere Lachaise. That note comes from a Philadelphia journal, *The Press*, and has been reprinted in the *Monthly Homœopathic Review*, of London.

It may be that the son of David d'Angers, author of the bust of Hahnemann, was present at the ceremony of dedication; nevertheless he has not been introduced, neither to me nor to any other member of the committee, as far as I know.

As Secretary of the Committee, and acting alone in France, I can assure you that the bust placed over the grave is a gift from the hospital St. Jacques. The bust is in bronze; the authentical

bust of David d'Angers is in marble. It was the property of Mrs. Baronne von Bönninghausen, and I saw it with its gold crown in her drawing-room of rue de la Faisanderie, in Paris. At her death, just at the time of erecting the monument, she bequeathed that bust for the grave; but the difficulty of conserving that marble in the open air, and the better aspect of bronze with scotch granite, led us to prefer the bronze bust, and now the authentical bust of David d'Angers belongs to Mr. Cloquemin, an old friend of Mrs. Baronne von Bönninghausen, and is in his hotel.

I do not know where the Philadelphia journal found the story of the son of David d'Angers; it all seems very interesting to read, but, unfortunately, is pure imagination.

Believe me, dear Editor,

Yours very truly,

Dr. Francois Cartier.

Secretary of the International Committee for the Hahnemann's grave, and Secretary of the French Homœopathic Society.

A Saginaw doctor has propounded a new theory as to the reason for vaccine virus not taking. He asserts that "a germ only lives on filthy soil" and that the habit of scrubbing the arm with soap, bichloride of mercury, alcohol, etc., etc., is simply death to the average germ on the vaccine point. If you want it to "take," the dirtier the skin the better, according to the doctor from Saginaw in *Medical Brief* for March.

The *Monthly Homœopathic Review* for February opens with an editorial on "Our Provings" the text of which is the recent widespread arsenical beer-poisoning in England. The editorial quotes from an article in the *British Medical Journal* to the effect that "this extraordinary outbreak of diet disease will doubtless add much to our knowledge in regard to the toxic effect of *Arsenic* by revealing symptoms not hitherto recognized as characteristic of arsenical poisoning." The editor of the *Review* then makes a careful abstract from Allen's *Encyclopædia of Pure Materia Medica* of the provings of *Arsenic* and then says:

"This analysis of our provings shows conclusively the value

and accuracy of our Materia Medica, and it is simply scandalous that with such a work existing ignorant prejudice should ignore it. We feel proud of it, and look with pity on those who obstinately shut their eyes to such a mine of drug-lore."

True, every word of it!

However, one must not be too severe on the old school men when we look over our own journals and "Transactions" and read the many slighting allusions to the grand old Homœopathic Materia Medica contained therein, and that the work must be done over again, which, of course, is practically proclaiming that the work of which the *Review* is "proud" is a failure.

It isn't, of course, for all there is of Homœopathy is built on that Materia Medica, but this sort of criticism cannot but somewhat impede the progress of the science of therapeutics.

The *Medical Record* of February 9th contains a review of Dewey's *Practical Homœopathic Therapeutics* that is rather curious and raises the question: Which school has approached the other? Here is the review:

"This volume serves to indicate how closely the two schools of medicine have agreed on the remedies which are useful in different diseases. Thus, under anæmia, we find iron, arsenic and cinchona as leading remedies; under angina pectoris, *Amyl nitrate* and *Glonoin;* under arthritis, *Colchicum*, etc. Of course, the drugs peculiar to Homœopathy are also included under the different headings, which are arranged alphabetically, whether as symptoms or as definite diseases."

"*Cratægus* is a remedy of great power in both functional and organic wrongs of the heart In angina pectoris and in valvular deficiency, with and without enlargement, most wonderful results have been obtained from its exhibition after the failure of some of the best known heart remedies. In cardiac dropsy its action is promptly curative, and in dropsical conditions not of cardiac origin it is said to be efficient. The best results are usually obtained from doses not exceeding two to five drops of the medicine every two to four hours. Very large doses frequently cause nausea and a sensation of fullness in the head."—*Fyfe.*

"Meditating among liars and retreating sternly into myself, I see that there are really no liars or lies,
And that nothing fails its perfect return, and that what are called lies are perfect returns.
And that each thing exactly represents itself and what has preceded it.
And that the truth includes all and is compact just as much as space is compact,
And that there is no flaw or vacuum in the amount of the truth—but that all is truth without exception;
And henceforth I will go celebrate anything I see or am,
And sing and laugh and deny nothing."

—*Walt. Whitman.*

The *Charlotte Medical Journal* for February devotes a page editorially to the paper by Dr. T. F. Allen published in the Homœopathic Recorder in January. The *Journal* grows quite merry over the paper. In this it reminds one of the French Academy when that body roared with laughter at a very "unscientific" man who proposed to use smooth rails, and smooth tires on locomotive wheels. The academy saw at once that the engine would stand still while the wheels went around and around under it. Hence much "scientific" laughter.

The *Journal* shows as much evidence of comprehending the laws governing the science of therapeutics as the French Academy did those of mechanics.

Says the former: "For cancer use *Gelsemium* and *Phosphorus ! !*"

Therein is shown the difference between the physician who knows the science of therapeutics and he who does not.

The physician who knows treats the patient.

The physician who does not know treats the disease. He tries, sometimes, to cut it out. Sometimes he regards it as a bug, and thinks to kill the bug, otherwise, the disease. He cannot comprehend the broad view of the physician who treats the patient. So sometimes he laughs at him and sometimes he gets angry, but never looks into the broad brother's methods. He is not to be blamed for this, however, for he is not built that way. He must have an "authority" to guide before he dare swerve from the beaten path.

The two cases reported by Dr. Allen were diagnosed, and, as far as they dared, treated, as malignant cancer, and finally pronounced hopeless. This was done by the most eminent men of the *Journal's* pursuasion.

Dr. Allen cured them.

Thereat the "most eminent" backed down on their diagnosis, notwithstanding it was backed up by three operations, and the *Journal* capers.

It isn't *scientific* conduct, gentlemen?

PERSONALS.

If there was no advertising back of antitoxin it would be as dead as, say, Brown-Sequards, Elixir of Life.

Dr. White's letter on the cure of cancer with the indicated remedy is worth reading. See page 115.

Dr. C. C. Carroll (*N. Y. Tribune, Jan. 8*) asserts that after every epidemic of vaccination there is a marked increase "of a rapidly progressing form of tuberculosis."

On account of eight deaths from lock-jaw the government has "prohibited the use of the serum throughout all Italy" pending investigation.

Pine-apple juice will clear up the diphtheritic throat better than anything else.

Quacks are like poets, born not made.

Dr. B. F. Bailey's pamphlet, "Homœopathy in the Public Service," is very interesting.

If a patient dies under homœopathic treatment the question sometimes is, "Why wasn't something done?"

But if he dies under spectacular treatment they say, "Everything was done but of no avail!"

Yet Bradford's *Logic of Figures* proves that the chances under the non-spectacular treatment are about double.

The rolling stone gathers no moss, but it has lots of fun.

The man came out of the automobile race in about four weeks, and on crutches.

FOR SALE. Office practice, including the specialties of the Eye, Ear, Nose and Throat, with Electrical Treatment, in a town of 10,000 inhabitants. Office Furniture and Equipments will invoice over $1000. Practice last year netted $2200. Object of selling, poor health. Price, $1000 cash. Address, Lock Box 244, Uhrichsville, Ohio.

"Life is short, patients fastidious, and the brethren deceptive."—*Latour.*

WANTED. Second-hand set of Hering's *Guiding Symptoms.* Address X, HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa.

The homœopaths of Pennsylvania are working for a State hospital for the insane. As they pay a big end of the taxes they are entitled to what they ask.

No. John, it is hardly right to speak of the aisle of a church as a bridle path, especially if the groom happens to be a bigger man than you.

Bradford's *Index to Provings* is of great value to all students of Homœopathic Materia Medica.

At your leisure moments read Dr. James' "History of the American Institute of Homœopathy. You will find it to be very interesting.

The difference between "looting" thieving is — is —?

When the "down-trodden" gets on top then the down-trodder becomes the down-trodden.

Subscribe for the RECORDER.

THE

HOMŒOPATHIC RECORDER.

VOL. XVI LANCASTER, PA., APRIL, 1901. NO. 4

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Eleventh Annual Session.

The eleventh annual session of the American Institute of Homœopathy was held in City Hall, Albany, New York, June 7, 1854, and was opened at 10 o'clock A. M., by the General Secretary, Wm. A. Gardiner, M. D.

About fifty members answered to the roll call.

Lyman Clary, M. D., of Syracuse, was elected Chairman of the meeting, and in his opening remarks suggested that an effort to make the session very profitable would induce better attendance of the members.

The Rules of Order were omitted to allow the passage of resolutions to the effect that—No. 10 in the order of business be transferred, and become No. 3, which shall be amended to read "choice of chairman and such other officers as are elected by ballot," and—"That the elective officers of the Institute be ineligible to the same office for two successive years." The election of officers then proceeded, resulting in the election of Samuel S. Guy, M. D., of Brooklyn, as General Secretary; J. Rodman Cox, Jr., M. D., of Philadelphia, Provisional Secretary, and A. S. Ball, M. D., of New York, was elected Treasurer in the place of A. S. Kirby, M. D., who had held the office from the organization of the Institute, in 1844.

The Board of Censors were Wm. E. Payne, M. D., of Bath, Me.; J. L. Martin, M. D., of Baltimore, Md.; Geo. W. Swazey, M. D., of Springfield, Mass.; A. E. Small, M. D., of Philadelphia, Pa., and H. M. Paine, M. D., of Albany, N. Y.

The Chairman appointed C. A. Stevens, M. D., of Coxsackie, N. Y.; J. P. Dake, M. D., of Pittsburg, Pa.; F. Humphreys, M. D., of Auburn, N. Y.; H. Adams, M. D., of Cohoes, N. Y., and H. L. Chase, M. D., of Cambridge, Mass., the Committee on Treasurer's Account.

S. B. Barlow, M. D., Chairman of the Committee on Cholera, made no report, and the Committee was continued for another year.

The Committees on Blisters and the Translation of the Materia Medica Pura, not being prepared to report were passed over, as were several others.

The Committee on a Testimonial to Constantine Hering, M. D., made no report and asked to be excused from further action.

The physicians appointed to write essays upon important subjects were then called upon.

J. P. Dake, M. D., on the Value of Clinical Experiments, made no report, and was continued for another year.

J. G. Loomis, M. D., on Mechanical Supports, etc., having died, I. M. Ward, M. D., was appointed to write upon the subject.

C. D. Williams, M. D., on Small-Pox, etc., having no report, was continued.

A. E. Small, M. D., on the Nature, Pathology and Homœopathic Treatment of Diseases of the Respiratory Organs, asked for further time, which was granted.

S. Gregg, M. D., on Nature, Pathology and Homœopathic Treatment of Diseases of the Urinary Organs, reported progress, and asked for further time, which was granted.

Constantine Hering, M. D., made an interesting and spirited report from the "Provers' Union," which was published.

The Rhode Island Homœopathic Society made a satisfactory report, which was published.

The Treasurer's report was received and referred to the Committee.

At the afternoon meeting a report was received from the Massachusetts Homœopathic Medical Society which was read, accepted and printed.

The Board of Censors having reported the following physicians, as qualified for membership, they were elected:

J. G. Howard,	M. D.	Philadelphia,	Pa.
J. L. Sheek,	"	"	"
D. F Bishop,	"	"	"

W. H. Dake,	M. D.	Pittsburg,	Pa.
J. A. Blanchard,	"	"	"
J. C. Burgher,	"	"	"
J. B. Wood,	"	West Chester,	"
Wm. Brisbane,	"	Baltimore,	Md.
B. Sanborn,	"	St. Johnsbury,	Vt.
C. B. Darling,	"	Lyndon,	"
John A. Work,	"	Burlington,	"
Edward R. Scisson,	"	New Bedford,	Mass.
Alfred B. Stone.	"	Boston,	"
J. G. Wood,	"	Salem,	"
Henry B. Clarke	"	New Bedford,	"
H. H. Hoffman,	"	Pittsburg,	Pa.
William Henry Watson,	"	Utica,	N. Y.
Henry C. Blanchard,	"	Keesville,	"
A. H. Beers,	"	Buffalo,	"
Chas. G Bryant,	"	Albany,	"
Thos. F. Pomeroy,	"	Utica,	"
Franklin Bigelow,	"	Syracuse,	"
J. G. Bigelow,	"	"	"
Wm. H. Randall,	"	Albany,	"
Geo. S. Green,	"	Hartford,	Conn.
N. F. Cooke,	"	Providence,	R. I.
Elijah U. Jones,	"	Dover,	N. H.
Chas. H. Walker,	"	Manchester,	"
Shadrach M. Cate,	"	Augusta,	Me.
Rufus Sargent,	"	Princeton,	N. J.
A. C. Miller,	"	Gloucester,	"
J. W. Cox,	"	Albany,	N. Y.
Daniel Wilde,	"	New Bedford,	Mass.

A report from the Central Bureau was read by F. Humphreys, M. D., accepted and published in the proceedings.

C. H. Skiff, M. D., read a report from the Homœopathic Medical Society of Connecticut which was accepted and published in the proceedings.

A report from the Homœopathic Society of New York, a branch of the Institute, was read by B. F. Bowers, M. D., accepted and published in the proceedings.

At eight o'clock in the evening, the Institute met to hear the eloquent address of William E. Payne, M. D., of Bath, Maine. His subject was "Art and Science in the Treatment of Disease."

He delivered a most comprehensive address on the efficacy of the homœopathic method of treatment, of disease, giving many instances and elaborate examples in its favor.

He said that "Art is the handmaid of science—it is science in act, or science in use. Art is the work, and a knowledge of the principles by which this work is performed constitutes science. Science belongs exclusively to the world of mind—art to the world of matter. Science is an aggregate of principles—art is the result of the same principles brought down to the plan of everyday life."

Medicine, he further, stated, was both an art and a science, the science showing us the means of cure and the application of these means, and the preparation of the same, constituting the art. He explained the synthetic and the analytic methods of investigation, or that of induction.

The world's progress was marked by epochs in the arts and sciences, every department having its morning, noon and night, and then proceeding to a new day. He referred to the many medical theories that had come and gone into oblivion from the time of Hippocrates to Hahnemann and referred to Van Helmont's statement that "medicine did not advance, but turned upon its axis." He mentioned the dawn in 1790 of the new day in medicine through the genius of Hahnemann.

He asked the question if every *form* of disease has been successfully treated by one law of cure why may not *every case* of disease be cured; and answered that it might be—unless it had passed beyond a certain point, for there is a point in the progress of disease beyond which restoration is impossible. He then endeavored to point out how failures might be embraced under three heads, first, the materia medica, second, the physician, and third, the patient.

He spoke of acute maladies which come from without, arising from telluric influences, improper feeding and sudden atmospheric changes, and of chronic diseases which come from within, such as are derived from the hereditary depravity of mankind.

The former is speedily remedied, while the latter may take a long period of treatment, and he advised against a homœopathic physician taking charge of such a case unless the patient promised full submission on this point.

Dr. Payne claimed that only by the utmost extension of the Homœopathic Materia Medica, its scientific arrangement and the enlightenment of the public mind would success be obtained.

He closed by saying that "the comfort, the progress, the welfare of the human race is the end, and an approving conscience the reward."

His address was highly appreciated, and he received the thanks of the Institute. It was published with the proceedings.

On Thursday morning at nine o'clock the Institute again met, with Dr. Clary in the chair.

J. R. Coxe, Jr., M. D., read an interesting report on Hydrophobine, which was accepted and published.

A communication was received from M. J. Rhees, M. D., of California, on the diseases peculiar to that region, which was published.

C. A. Stevens, M. D., offered this resolution, which was passed: "That one thousand copies of the address of Dr. Payne be printed for the use of the Institute in addition to the number for the proceedings."

J. P. Dake, M. D., offered this resolution, which was adopted: "That with feelings of great satisfaction we have noticed the efforts and success of Dr. Burq, of France, in establishing in allopathic circles a belief in the efficiency of *Cuprum metallicum* in the prevention and cure of Asiatic Cholera; especially since, thereby, the homœopathic principle is confirmed by allopathic evidence, as well as its treatment of Asiatic Cholera, for more than twenty years."

F. Humphreys, M. D., presented a resolution, which was adopted: "That all committees appointed to report on scientific subjects failing to report within one year after their appointment shall be discontinued, except by a vote of two-thirds of the members present."

On motion of Dr. Kirby, the resolution on the homœopathic law, offered by Dr. W. E. Payne at the last meeting of the Institute, and laid over for a year, was taken up for further consideration.

After a great deal of discussion by Drs. Kirby, Guy, Swazey, Dake, Small and Williamson, Dr. Swazey moved to amend by inserting the word *medicinal* before the word *means* in the second line, which, after arguments by Drs. Payne, Gregg, Pulte and Swazey, was carried. After amendment and further discussion this resolution was accepted.

Resolved, That we regard the homœopathic law as co-extensive with disease, and that a resort to any other medicinal means than

those pointed out by the law *Similia Similibus* is the result, in part, of the incompleteness of our Materia Medica, but mainly the result of a want of sufficient knowledge, on the part of the physician, of those remedies already possessed by our school and not an insufficiency of the homœopathic law."

Dr. Preston, of Rhode Island, proposed that the Institute should designate the place of meeting for next year, when the decision was made in favor of Buffalo, N. Y., on the first Wednesday in June, 1855.

At the afternoon session, W. Williamson, M. D., offered an acceptable resolution, "That the Pharmaceutists of the Homœopathic School be recommended to use in the preparation of drugs, by trituration, the proportion of ten grains of the drug to ninety grains of sugar of milk, and for the sake of uniformity to retain the numerical designation adopted by Hahnemann, and continued by the majority of homœopathic physicians."

The committee to inquire into the validity of the diploma of Dr. J. Schmidt, and to examine in reference to the erasure of his name from the record-book of the Institute, reported that they had made faithful inquiry and examination and found that Jacob Schmidt had a good and sufficient diploma and was entitled to all the rights and immunities of a member of the Institute, and that his name had been erased from the record book by some person unknown to them at present. They therefore resolved—"That the Institute do not question either the validity of Dr. Jacob Schmidt's diploma nor his membership in this body, and that his name be at once restored to the record by the Secretary.

F. R. McManus, M. D., made a voluntary statement with regard to the erasure of the name, acknowledging the impropriety of the act and agreeing with the course taken by the Institute in the matter, and he hoped that all unpleasant feelings upon the subject should be forgotten. All the members concurred most willingly, and the matter passed into oblivion

J. H. Pulte, M. D., from the committee to procure a suitable memorial stone in honor of the immortal Hahnemann, to be placed in the Washington Monument, reported that through the disinterested efforts of Dr. Paul Wolfe, of Dresden, a stone had been procured and was then in the hands of the sculptor for the purpose of being properly inscribed. This report of progress was accepted and the committee was continued with the exception of Dr. Hering, who resigned. Dr. Kirby offered the following

resolution which was adopted—"That Drs. J. H. Pulte and E. Bayard, the committee on the stone to be placed in Washington Monument, be requested, in the name of the American Institute of Homœopathy, to return thanks to Dr. Paul Wolfe, of Dresden, Germany, for his valuable contribution."

On motion, the Secretary was requested to obtain, and publish in the proceedings of the Institute, a short biographical notice of all the members who had died during the past year. He did so, giving sketches of Joseph G. Loomis, M. D., Josiah Foster Flagg, M. D., Lycurgus V. Payne, M. D., Lemuel K. Rosa, M. D., and John Charles Gosewich, M. D.

B. F. Joslin, M. D., appointed to address the homœopathic physicians of the United States on the importance of concerted action in the cause of Homœopathy, being absent, was continued for another year.

Drs. Gardiner, Kirby and Small were appointed a committee to revise the Constitution and By-Laws, and report at the next session of the Institute.

Resolutions were passed thanking Lyman Clary, M. D., for his manner of conducting the meetings of the Institute, thanking H. M. Paine, M. D., and other homœopathic physicians of Albany for the manner in which they were received and entertained during the session, thanking S. R. Kirby, M. D., for the faithful manner in which he had filled the position of Treasurer for so many years, and thanking the Secretary, Wm. A. Gardiner, M. D., for the able manner in which he had fulfilled his duties.

On motion, both secretaries were appointed a committee to publish the proceedings of the Institute.

The Central Bureau for the current year consisted of F. Humphreys, M. D., C. Hering, M. D., J. G. Howard, M. D., B. F. Joslin, M. D., and B. F. Bowers, M. D.

. J. T. S. Smith, pharmaceutist, of New York, exhibited to the members some specimens of expressed juice of medicinal plants triturated with Sac Lactis.

J. H. Pulte, M. D., of Cincinnati, O., was appointed to deliver the next annual address with H. D. Paine, M. D., of Albany, as his alternate.

The Institute then adjourned to meet in Buffalo, New York, on the first Wednesday in June, 1855.

PEDIATRIC MATERIA MEDICA.

Ferrum Phosphoricum.

By Thomas G. Roberts, M. D.

Ferrum phosphoricum is one of the most important remedies in the Materia Medica in the treatment of congestive, inflammatory, or anæmic conditions. Probably no other remedy is so often indicated in the beginning of inflammations as *Ferrum phos.* It is especially valuable before exudation has taken place, but often cures after it occurs.

It is indicated in general where the face is flushed; pulse full and quick; skin hot and dry; thirst; pain and redness of the parts when there are lacking the restlessness and nervous anxiety of *Aconite* and the marked debility and muscular prostration of *Gelsemium.* It causes relaxation of the muscular fibres of the bloodvessels, thus causing congestion and sometimes hæmorrhage from rupture of the walls of the vessels. It is exceedingly valuable in the epistaxis of children. *Ferrum phos.* is also very curative in fresh wounds caused by mechanical violence. It is one of our most important remedies in anæmia, and must not be forgotten in the debility of children that are dull and listless, with failing appetite and loss of weight and strength. In neuritis its action is truly wonderful. This remedy has a very wide range of usefulness, owing to its peculiar relation to inflammation and anæmia.

The pains of *Ferrum phos.* are worse from motion, as the parts are congested and inflamed; but, as cold applications lessen the hyperæmia, they relieve the pains. Deep-seated inflammation, however, requires the use of hot applications. This remarkable remedy acts brilliantly in the highest potencies.

Outer Head. Head sore to the touch, pulling the hair causes pain. The scalp is so sensitive the child cannot bear to have the hair touched. Top of head sensitive to cold air.

Inner Head. Congestion of brain. Very valuable in the headaches of children; throbbing sensation in the head; *face red* and eyes suffused.

The headache is worse from shaking the head, noise, stooping and motion. Headache with *vomiting of undigested food.* Blind headache. Vertigo. Cold applications temporarily relieve the pains in the head by momentarily lessening the congestion of the

tissues. Nosebleed, also, relieves by lessening the quantity of blood in the head. In the beginning of hydrocephaloid, when the child is drowsy, heavy and the eyes are suffused with blood, the pulse full and soft.

Eyes. Inflamed eyes during dentition. Eyes reddened in headache and meningitis. Conjunctivitis and photophobia in measles and other eruptive diseases.

Eyes red and inflamed, with burning sensation; retinal congestion very marked; sensation as if grains of sand were under the eyelids; pain on moving the eyes; the photophobia is worse from artificial light.

Ears. Earache after exposure to cold or wet. *First stage of otitis.* Inflammatory earache, with burning or throbbing pain, or with pains that are sharp or stitching. Diffused inflammation of the external ear, with burning, dark beefy redness. Mucopurulent discharge from the ear, with a tendency to hæmorrhage; the pain is paroxysmal, and is not relieved by the complete establishment of the discharge. Mastoid process swollen and sore.

Nose. Bleeding of the nose in children, when the blood is bright red, with tendency to coagulate rapidly. Epistaxis of bright red blood in gastro-intestinal diseases. Nosebleed caused by an injury to the nose.

Face. Face earthy, pale, sallow. *Florid complexion.* Cold sensation in nape of neck with flushed face. Pain and heat in the face when cold applications temporarily relieve.

Teeth and Gums. Caries of the teeth during dentition. *Fever and spasms during teething*, eyes inflamed, cheeks hot, worse by warmth and better by cold drinks. Toothache due to an *inflammatory condition*, when cold air and liquids are soothing; motion and hot liquids aggravate the pain. Gums hot, swollen and inflamed. The child during dentition is extremely restless and irritable, has *fever, flushed face, sparkling eyes and dilated pupils.* Recommended by Schuessler for feverishness in teething complaints if *Calc. phos.* does not cure.

Throat. Throat sore; *tonsils red and somewhat swollen, with considerable fever;* membranous exudation in right tonsil. *Dry, red, inflamed and painful throat with swollen glands.* Probably no other remedy is so frequently useful in the sore throat of children. Has been used with success in the first stage of diphtheria, and frequently relieves the distress in *ulcerated throat.*

Thirst and Aversions. Great thirst for much water, especially in summer complaint. *Aversion to meat and milk.*

Gastric Symptoms. Vomiting of undigested food. Vomiting of food with a sour fluid. Inflammatory stomachache in children, with loose evacuations. *Vomiting of bright red blood.* Inflammatory conditions of the stomach; *pain after the smallest quantity of food;* relief from cold drinks and hot outward applications. Vomiting in gastritis, whooping cough, summer complaint and intermittent fever.

Abdomen and Stools. Pain in the bowels' with watery diarrhœa. *Undigested or watery stools;* the skin is hot and dry, and there is thirst. Indigestion, with the passing of worms or undigested food. Stool watery, containing mucus and blood; there may be a little urging to stool but no tenesmus.

Inflammation of the bowels from checked perspiration; diarrhœa caused by a chill. Stools watery, mucous green, and frequent, greatly weakening the child; child rolls its head and groans; face pinched, eyes half opened; starting in sleep; urine scanty; pulse and respiration quickened. Cholera infantum, *with red face and soft, full flowing pulse;* discharges frequent, watery, even bloody; dilated pupils, rolling of head; child is much reduced and falls into a stupor; after checked perspiration in hot summer days.

The blood vessels of the abdomen become greatly distended in summer complaint, and the diarrhœa is sometimes watery and contains mucus and blood; bloody serous stools, worse from midnight till morning, or bloody mucus mixed with watery discharge day or night. *Stools like bloody fish brine.*

The stool may be yellowish, whitish, or brown with blood, or green, watery, or green mucus with blood; the blood may be dark or light. Intestinal and thread worms. Very valuable in the *loose evacuations* sometimes associated with *dentition.* Vomiting sometimes accompanies undigested or copious watery stools. Constipation from atony of muscular fibers of the intestines. Tendency to prolapsus recti.

Urinary Organs. Incontinence of urine from weakness of the sphincter. Constant dribbling of urine during the daytime, depending on irritability of trigone and cervix vesicæ, better after the pressure of urine has been taken off by the recumbent posture.

Involuntary spurting of urine with every cough.

Retention of urine, with fever in little children.

Larynx, Trachea and Bronchi. Loss of voice, hoarseness. Exceedingly valuable in *acute bronchitis affecting the larger and smaller bronchi of young children.* Capillary bronchitis with de-

bility and oppression; high fever; cough short, painful, tickling, sometimes spasmodic, with involuntary urination. Violent fever in the beginning of croup. In the initiatory stage of all inflammatory affections of the respiratory tract.

Cough. Acute, short *painful cough*, with *soreness in the lungs;* no expectoration. Tickling cough from irritation of the bronchi. Hard dry cough with soreness from cold; in the beginning before expectoration takes place, or there may be expectoration of blood either streaked or clear. Usually the cough is *short, dry* and *hacking*, but it may be paroxysmal. In general this remedy is valuable when there are symptoms of oppression, as in *Phosphorus* with the fever and congestion of *Ferrum metallicum.*

Whooping-cough, with retching and vomiting of food or blood. Inflammatory or catarrhal stage of whooping cough. Probably no other drug is more often indicated in the beginning of coughs and colds than *Ferrum phosphoricum.*

Circulation. Pulse full and rather soft. Hæmorrhage from any part of the body when the blood is bright red, with tendency to coagulate rapidly into a gelatinous mass. Varicose veins. Nævi.

Back and extremities. Acute articular rheumatism, particularly when the shoulder is the part affected. In rheumatism when the pains are felt only during motion, and are better from warmth. Hip-joint disease with pain, throbbing, inflammation and heat of the soft parts.

Posture. The diurnal enuresis is worse from the recumbent position.

Nerves. Malaise, weariness, or great prostration, especially in summer complaint. Debility of children with no organic lesion except that the teeth are carious; hair light and curly, and the complexion delicate; fairly firm flesh. *Debility of children with failing appetite and consequent loss of weight and strength, with dulness and listlessness. Convulsions with fever, especially during dentition.*

Sleep. Sleeplessness and restlessness from a hyperæmic condition of the brain. Low potencies have frequently caused sleeplessness and sometimes epistaxis, while high potencies have been found very effectual in relieving sleeplessness from too much blood in the brain.

Fever. Fever with complaints accompanying teething, cough, croup, gastritis, cystitis, retention of urine, rheumatism and convulsions. Scarlatina simplex. *Skin hot and dry.* High fever

with spasms during dentition, eyes inflamed, cheeks hot, worse by warmth, better by cold drinks. Hyperæmia of the brain with quick pulse and high fever, sometimes with little thirst; when convulsions threaten during dentition.

Tissues. Hyperæmia from relaxation of the muscular fibers of the bloodvessels. *Inflammation before exudation has taken place.* Exceedingly valuable when children suffer from *epistaxis.* Blood poverty, *want of red blood.* Varicose veins in young persons.

In bone diseases when the soft parts are red, hot and painful. Ostitis, periostitis, hip-joint disease.

Dropsy when caused by loss of blood. Hæmorrhoids when the *blood is bright red,* with tendency to coagulate rapidly. It often follows *Calcarea phosphorica* well in anæmia, as it improves the quality of the red corpuscles, if indicated by the general symptoms.

Skin. In the beginning of measles when fever, conjunctivitis, and photophobia are present in a marked degree. Often of value in chickenpox, erysipelas, smallpox and other eruptive diseases. To be thought of in the inflammatory stage of all skin affections. Nævus (*Calc. fluor.*, *Thuja*).

Temperament. It has acted well in the leucophlegmatic sanguine, nervo-sanguine and nervous temperaments.

Modalities. Congestion is characteristic of nearly all the morbid states under this remedy, and, consequently, there is relief from cold and aggravation from motion. The cold must be applied directly to the congested part or no relief will be experienced. In deep-seated inflammations, however, heat and not cold should be applied.

Relationship. Ferrum phos. stands between *Aconite* and *Gelsemium. Aconite,* which is its nearest analogue, has a more bounding pulse and there are associated *restlessness, thirst* and *anxiety.* A *small* pulse is very frequently found when *Aconite* is indicated.

Gelsemium has a *more soft flowing pulse and more drowsiness, muscular weakness and mental dullness.* The action of *Ferrum phos.,* on the respiratory organs shows the effect of both iron and *Phosphorus.*

Compare: Aconite, Belladonna, Bryonia alb., Cinchona, Gelsemium, Hepar, Mercurius and *Phosphorus.*

After *Ferrum phosphoricum, Kali mur., Kali phos., Calc. phos., Calc. sulph., Calc. fluor., Nat. sulph.* and *Antim. tart.* are frequently indicated.

Chicago, Ill.

PROGRESSIVE MUSCULAR ATROPHY.

Pronounced Incurable by Eminent Neurologists, Cured by Homœopathy.

By T. F. Allen, M. D.

A young married woman who is a good *comrad* to her husband, an athlete, has been in the habit of entering into all his out-of-door sports, *golf*, *hunting*, *shooting*, and, especially during the past summer, *swimming* (long distances), complained of pains in her right shoulder which increased until her arm became helpless; the muscles about the shoulder and right side, chest and back, wasted, so that the whole region became perceptibly emaciated, the sub-clavicular region, especially, sunken; the shoulder drooped, and if the arm were permitted to hang down, the head of the humerus would actually slip down out of its socket, often causing extra pain in the axilla and shoulder; it became impossible to put the hand to her head, so that she could not put up her own hair, nor could she dress herself. The wasting and powerlessness involved at last the whole shoulder region of the right side of the body, pectoral, scapular, and axillary regions, and the arm, as far as the elbow. Soon the trouble invaded the forearm, and also began to show itself in the right hip and thigh. Eminent specialists were consulted, electricity, galvanism, massage, and many other injurious expedients were recommended and tried with steady decline, and the husband was told that the disease could not be and had never been arrested. Finally, after the recovery of the husband's mother (in the house of an allopathic physician, who was her son-in-law) from pneumonia, complicating chronic interstitial nephritis, the husband of my patient, who had been informed by the attending and consulting physicians that his mother could not recover, appealed in despair to me to try homœopathic treatment for his wife. The symptoms of the case were as follows: 1. Pain in the right shoulder extending from the top down the arm to below the elbow. This pain was a constant dull ache, becoming, on motion, a sharp shooting; the pain was worse at night; in a wind; in the cold; on uncovering; and when lying on the right or painful side. There was a feeling of powerlessness. (She could not raise the arm to her head, nor could she dress herself.)

How is a remedy to be selected? No cases, cured, are on record, so that clinical data are wanting. No drug has been known to produce such a condition, in its pathology (if there be any satisfactory pathology known), the etiology is obscure; only symptoms can come to the rescue.

On *January 4th*, a prescription was made.

January 22d, the record states decided improvement, very little pain, can now lie on the right side with comfort, which, for months, she has been unable to do.

February 15th. Continued gain; the shoulder does not any more slip out of joint as formerly; she is a trifle fleshier now, over the right pectoral and shoulder regions.

February 28th. Can dress herself; (a great gain, naturally noticeable in the household economy); the arm gets tired only after use, but not immediately after; is growing perceptibly stouter.

March 2d. Complains of drawing pains in the front of the right hip and thigh, finds it difficult to go up stairs on account of this pain, which has been getting worse for a week past, the whole right leg feels heavy and weak.

Calcarea carb. This prescription was effective, at once, as to the lower extremity, but it was followed by aching in the forearms and palms of the hands after any attempt to use the hands or with occasional pains about the elbow. *Return to First Remedy.*

March 30th. Great improvement, uses both arms freely now without pain; no pain at night, is able to lie on the right side without any discomfort.

Since that time there has been no return of the former troubles; an occasional disturbance of digestion, due apparently to inability to exercise as much as she has been accustomed to, has required a corrective, but lately the lady has resumed, cautiously, her active life out of doors, and is rejoicing in her renewed health, and is able to wear her evening dresses with grace and satisfaction.

Symptom—Analysis.

1. Region of the *Shoulder.*
2. Right upper extremity.
3. General weakness.
4. Aggravation from lying on the right side.
5. Aggravation from lying on the painful side.

6. Aggravation at night.
7. Aggravation after becoming cold.
8. Aggravation in the wind.
9. Aggravation from uncovering.

The above points cover essentially the totality of the symptoms. Noting the value of the remedies, on a scale of four (Bœnninghausen method), under each point (values estimated by the provings, reinforced by clinical experience), we find as follows:

Nux vom., 30; *Phosphorus*, 30; *Silica*, 28; *Bryonia*, 27; *Pulsatilla*, 26; *Mercurius*, 25, etc.

These furnish a list for study and comparison. My first impression was to give *Nux vom.* first, especially in view of the stimulating, allopathic treatment, electricity, galvanism, massage, tonics, etc., but a little study convinced me of the greater similarity of *Phosphorus*, especially as the mental state of my patient was not at all similar to that of *Nux vomica;* accordingly I prescribed *Phosphorus* in the seventh centes. potency, doses repeated three times a day for three days, after which only an occasional dose was prescribed, except when suspended to administer three doses of *Calcarea carb.* for the manifestations of the trouble in the right hip and thigh.

In regard to my failure to report, in connection with the above narrative, the results of various tests of sensation, motion and the general reactions, I can only say, that such tests in no way affected my selection of the remedy, for none of the provings have noted them, and the diagnosis made by the specialists included all of them and probably many more, which served to establish their diagnosis (and prognosis), but left them wholly in the dark as to the proper treatment. The point here made is that the **totality of the symptoms** and **not the diagnosis**, in this case, at least, sufficed to cure.

New York City, 3 E. 48th St.

CLINICAL CASES.

By B. B. Shaha.

Hæmoptysis, or spitting of blood from the lungs. Dyanidhi, a native of 18, had the disease in June, '99. First of all he took no notice of it. When the disease took a serious nature he came to my dispensary and asked for some medicine. The symptoms were: Constant dry cough, high pulse, nausea, taste of blood in

the mouth, evacuation streaked with blood bright and red. He was very slender and of delicate health. The cause of the disease was not known to him. A few doses of *Ipecac.* 6 cured him in a week and he is progressing in health.

Mammary Glands.—A woman of 27, mother of three children, had a sudden inflammation on her mammary gland with constant pain, part bright red, painful to touch. First *Bell.* 6 was administered, but to no effect. *Mercurius sol.* was next administered, which hardly did her good; part softened, pus began to form. The inmates of the house proposed to operate, but *Hep. sulph* 6, after three doses, burst the gland and the 30th potency completed the cure.

Hæmaturia —A native of 60 had this disease with any quantity of blood with urine. The cause was not clearly explained to me. The symptoms agreed with *Cantharis*, and I administered same in 6th potency, perfectly curing him in four or five days. The old man is still living.

Calcutta.

TEXAS MEDICAL LAW.

Editor of the HOMŒOPATHIC RECORDER.

Texas has enacted a medical law which becomes effective July next. Below see synopsis.

1. Three Boards of Medical Examiners are provided, Allopathic, Eclectic and Homœopathic, each composed of nine members, six constituting a quorum.

2. Candidates are to be examined upon the following subjects: Anatomy, Physiology, Histology, Pathology, Chemistry, Materia Medica, Therapeutics, Practice of Medicine, Surgery, including diseases of the eye, ear, nose and throat; Obstetrics, Gynæcology, Hygiene and Medical Jurisprudence.

3. In case applicant shall fail to pass the examination, he or she shall not be permitted to go before the board again for one year thereafter.

4. Three members of the board may be appointed by the president to examine a candidate and grant a temporary certificate if found qualified, which shall entitle him to practice until the next regular meeting of the board.

5. Physicians holding a certificate from a State board whose medical law is as thorough as that of Texas, and whose certifi-

cate bears the endorsement of the president and secretary of the board that issued it, may have a certificate issued without examination by paying the usual fee of $15.00.

There is no country in the world that holds out so many inducements to homœopathic physicians as Texas.

Every business and industry is in a flourishing condition. Our climate is unexcelled. For further information address,

W. D. Gorton, M. D.,
Chairman Leg. Com. of State Hom. Soc.,
Austin, Texas.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Editor of the Homœopathic Recorder.

My Dear Doctor:—An especial effort is being made this year to extend the work of our National organization by increasing its roll of membership. Special committees have been appointed in every State and the work is being systematized so as to extend a *personal* invitation to every homœopathic physician in the country.

It is a lamentable fact that less than one-fifth of the physicians practicing homœopathy are members of the representative organization of the school. What homœopathy is to-day is due to this society, and what homœopathy shall be in the future depends upon this society. It has, through its existence and work, secured privileges and protected the rights of every homœopathic physician in the land. It has made a recognition and standing for every one of its practitioners. The battle to protect the rights and to secure additional privileges for homœopathic physicians is not and never will be ended. It is therefore of vital importance in order to secure the greatest good to all that this organization be strengthened in every way possible. It is futhermore a *duty* that every member of our schools owes to himself and to the cause of homœopathy to support in every way possible the American Institute.

Every physician of our school can and should aid in this work by supporting and endorsing, by membership at least, the efforts of this Society.

Every physician is urged to become a member of this association now. Application blanks will be furnished by the Secretary or by any of the following members who are acting as Chairman of the special committees in their State to secure new members.

Dr. W. E. Green, Litle Rock, Arkansas.

Dr. Florence N. Ward, 606 Sutter St., San Francisco, California.

Dr. Hugh M. Patton, 125 Mansfield St., Montreal, Canada.

Dr. D. A. Strickler, 705 14th St., Denver, Colorado.

Dr. Edward Beecher Hooker, Hartford, Connecticut.

Dr. L. B. Swormstedt, 1455 14th St. Washington D. C.

Dr. Henry M. Paine, Atlanta, Georgia.

Dr. Joseph P. Cobb, 254 East 47th St., Chicago, Ill.

Dr. M. K. Kreider, Goshen, Indiana.

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Dr. John B. Garrison, 111 East 70th St., New York, N. Y.

Dr. H. E. Beebe, Sidney, Ohio.

Dr. T. H. Carmichael, 7127 Germantown Ave., Philadelphia, Pa.

Dr. George B. Peck, Providence, Rhode Island.

Dr. M. J. Bliem, San Antonia, Texas.

Dr. C. E. Grove, Spokane, Washington.

Dr. J. M. Fawcett, Wheeling, West Virginia.

The above members of the Institute have accepted the Chairmanship and have selected their associates, all of whom are taking active interest in this great work for the good of the cause.

Every member should, through love of the Institute, give enough of his time to extend a *personal* invitation to at least one or two of his friends

Many physicians we find are not only willing, but pleased to join the Institute when *personally* invited to do so and when told that the necessary three endorsers will be found for them. They have delayed in many instances by not knowing whom to ask to endorse their application.

The cost of membership, which should accompany the applicatian, is $7 00, which covers the certificate of membership and the first year's dues.

A. B. Norton, M. D.,
President.

Eugene H. Porter, M. A., M. D.,
181 West 73d St., New York City,
General Secretary.

TUBERCULIN AND DIPHTHERINUM.

By Dr. A. Nebel, of Montreux.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, February, 1901.

I. *Asthma infantum.* A girl of nine years, burdened with tuberculous inheritance on the father's and the mother's side has, had from early childhood asthmatic attacks occurring every three or four days. The child is emaciated, with black hair, a somewhat dark complexion, pupils very much enlarged, the upper lip thickened, the mucous membrane of the reddened nose with small ulcerations, with an acrid secretion causing eczema. The tongue is posteriorly coated yellowish gray, anteriorly there is strawberry-tongue, much thirst, the lips red, the conjunctiva deep red, lack of appetite, frequent pains in the abdomen, the whole body is emaciated, but most of all the breast, in the lungs there is a slight rattling.

The child received one dose of *Tuberculin* 1000 C. and one of *Sulphur* 1000 C. In two weeks the child appeared more rosy, breathed more easily and had only one attack of asthma, during which the child was brought to me. And here is something at which those so inclined may mock. On the evening before I had prepared *Tuberculin* 1000 C. and 500 C. for my colleague, Schlegel, in Tuebingen, the thought suddenly occurred to me, now I will experiment on that gigantic swindle of Hahnemann, *smelling of medicines.** So I took in the evening a good whiff from the bottle containing *Tuberculin* 500 C. I could not sleep that night till 3 A. M., through I was not excited only wide awake; at first I had a slight oppression on the chest which, however, soon disappeared. Besides this there was a peculiar sensation of heat in spots on the skin, so striking that I felt the spots with my hand, but the skin showed no heat in these spots. The sensation was similar to that caused by *Sepia;* toward morning there was some sour smelling perspiration in the axillæ. On the afternoon succeeding this there was some oppression on the chest, with a desire of taking the fresh air, but the evening and night succeeding were undisturbed. From this I concluded that, in my case at least, *Tuberculin* 500 C. acts more gently when it is smelled at than in oral ingestion.

*See Bœnninghausen's *Repertory to the Antipsorics* (Boger, translator.)

When the child was brought to me the next day I was glad to have an opportunity of trying the therapeutic experiment of *smelling* the medicine. The child entered my office gasping for breath and with a hissing sound at every expiration, with an anxious look of suffering, and after smelling the medicine she left the office cheerily with almost normal respiration

In the course of the treatment she received *Arsenicum* 30 C., *Silicea* 30 C., *Sepia* 200 C , *Calcarea* 100 C., *Hepar sulph.* 30 C., *Tuberculin* 1000 C., with the result that her weight increased from 47½ pounds to 51 pounds. The child has now a full face and a rosy tint, her nose has stopped running, she has a good appetite and no more thirst, the pains in her abdomen are gone, the chest is again full, and the lungs show a normal state with the exception of a slight emphysema; the lymphatic glands on the neck have decreased in size, and the attacks of asthma have not recurred during the last two months. And yet her allopathic doctor had given up the case as incurable.

Tuberculosis in an Adult—Relief.

II. *Tuberculosis chronica.* The father of the child mentioned above came himself from a tuberculous family. His father and three brothers and sisters died in the bloom of their age from tuberculosis. He himself had been suffering in the lungs for ten years; he was using the *Creosote* treatment till now. On both sides of the back there is a dull sound extending to the lower third of the scapula. The left lung shows a decided retardation, with a jerky, accelerated respiration and slight rattling noises. Posteriorly on the left side at the top in a spot as large as a silver dollar; there is a bronchial respiration. The patient is tall, very much emaciated, especially on the chest, with black hair, brownish complexion, without appetite, with thirst, constipation, dyspnœa, much cough, green expectoration containing tubercle bacilli, with much blood mixed in, every two or three days, so that he uses two or three handkerchiefs a night. Besides this, there were severe nocturnal sweats, strawberry tongue, the specific smell from the axillæ and the chest, insomnia, mental depression which shows at once in the face; general weariness.

I prescribed *Tuberculin* 1000 C. This caused enormous pains in the cardiac region and a sensation *as if the heart was swung by a thin thread and moved back and forth;* but this was only for a few days. The cough rapidly diminished, as also the ex-

pectoration, which contains much less blood. The perspiration is much less. *The weight diminished two pounds.* The secretion of urine is considerably increased, the respiration easier, the complexion less morbid. *Kali carbon.* 100 C., one dose for the first week; *Calcarea carb.* 4 C., three times a day five drops, for one week; *Silicea* 100 C., one dose for third week. In spite of the fact that his weight has again diminished one pound, his general health is better, but little expectoration, no more blood admixed, the cough is much less; the appetite has improved, daily stools, there is still some thirst. *Tuberculin* 1000 C., one dose; *Arsen. jod.* 30 C., two doses for three weeks. The patient breathes much more freely. Only a little cough morning and evening, no more expectoration; the respiratory murmur is more abundant, no more bronchial respiration. He cannot well bear sultry air. His weight has increased by one pound. Prescription: *Sepia* 100 C., *Calcarea carb.* 100 C., one dose a week. After two weeks he feels right well. He only coughs a little in the morning. There is only a slight perspiration on the chest. Has again increased one pound. The appetite is good. He can now walk much faster without respiratory trouble, feels much stronger and is full of hopes for recovery. He received again *Tuberculin* 1000 C. dose, *Calcarea jodat.* 5 D., to be taken three times a day for two weeks. I promised the man that in a year I would get him so far that he would feel better than for ten years before. After two and a half months' treatment he claimed that he had already advanced that far.

I might enumerate here two similar cases, in both of which doses of *Tuberculin* 1000 were at first followed by loss of weight, with violent neuralgic pains, showing that in case of great stability of the nervous system a still higher potency should be given.

A Diphtherinum Case.

In conclusion I will add an illustration of the action of *Diphtherinum.*

III. Miss R. was some years ago freed from a violent gastric trouble by Dr. Grubenmann. Soon afterwards a series of nervous troubles appeared with a goitre, for which electricity was used. The patient asked me for a goitre-remedy. I gave her *Iodium* 4 D. A week later she reported aggravation of the nervousness, and I instituted a closer examination. The pupils were somewhat prominent, there was twitching and trembling of the mimic

muscles and restlessness. There were cicatrices on the neck due to glandular abscesses, emaciation of the breast, cold feet, lack of appetite, constipation. The tips of the lungs showed a dull sound; during coughing there are peculiar whistling sounds. The menses are somewhat early. The patient loves the fresh cold air. The struma soft, the cervical arteries pulsate, palpitation of the heart, cold feet. I half suspected that Basedow's disease was impending. I prescribed *Calcarea carb.* 30 C. In eight days there was no improvement. I then gave *Tuberculin* 1000 C. A few days later the patient came to my office with staring eyes and quite excited; she seems confused and complains that all the symptoms had grown worse. She has Græfian symptoms; the right pupil staring and enlarged; the struma is considerably enlarged, the arteries are pulsating visibly, very violent palpitation of the heart, pulse 180. I asked the patient whether she had not had similar attacks before. She then told me, as mentioned above, that four years before her neck had been successfully treated with electricity. In the course of the four weeks succeeding the symptoms diminished somewhat—*Calcarea carb.* 4 C. But a cold followed by catarrh and angina destroyed what had been gained. The heart symptoms especially were quite tormenting, being attended with weariness and depression, so that she could not attend to her duties. I endeavored to get some therapeutic hint from a closer examination, when I discovered by questioning her that nine months before she had had diphtheria twice in close succession. On this I gave her *Diphtherinum* 50 C., and this was quickly followed by improvement. The heart worked more slowly, the pulse went down 80, and she became more restful. Her eyes are less prominent and she is more quiet.

This case shows the great diagnostic value of *Tuberculinum*. That it causes enlargement of the thyroid gland is shown from the experience of the period of Koch's injections. I also found this effect several times in my practice, as, on the other hand, also the diminution of the goitre after high potencies. This case also shows on the other hand that where infectional disease takes place on tuberculous ground, as, *e. g.*, diphtheria or influenza, we can use with effect the respective toxins, and only when the ill effects caused by these intercurrent diseases have been removed the space is cleared for the action of the anti-tuberculous remedies.

GERANIUM MACULATUM CASE.

Dr. G. P. Hale, Memphis, Mich.

A. B. S., aged 48 years; height, 6 ft. 2 in., broad shoulder, hollow chested.

No history of hæmorrhage or tuberculosis in the family.

When 15 years old had a hæmorrhage from the lungs, induced by heavy work in the corn field.

At 25 years old he had one at irregular intervals since that time until September, 1893, when the last one occurred.

It was for this last one that I was called to attend him. It was preceded by a dull aching pain in the stomach and a cough excited by a tickling in the throat pit. For years he had raised a thick yellowish sputum and frequently a substance that—in the language of the patient—looked like the "lights" of a chicken.

Various remedies had been given him to control this condition, but with indifferent success, until upon the date mentioned it seemed as though the flood gates were opened, and the blood came freely from his nose and mouth.

The "regulars" who had treated him upon previous occasions administered ergot for the hæmorrhages, which always left him in a miserable condition.

I gave *Ipecac*, *Phosphorus* and other remedies, but without success, and in desperation resorted to *Ergotole* per os. and hypodermically, with only temporary success, until on the fifth day there occurred such a bleeding that he became blind for four hours and the prostration was extreme.

Counsel suggested *Geranium mac.*, and ten drops in half a glass of water, a teaspoonful at short intervals, was given, and all traces of blood from the sputum slowly disappeared.

The intervals between doses were lengthened and the *Geranium* supplemented by remedies such as *China* and *Calcarea phos.*, and he was gradually restored to usefulness.

It is now six and one-half years since the last attack and he has not had the chronic cough which for years annoyed him.

Neither myself nor my "regular" brethern were able to locate the exact lesion in the lung. He complained of pain in the lower lobe of the right lung on the anterior aspect, and also with pain in the pit of the stomach, but at no time did the blood appear to come from the stomach.

In two other cases less severe than the above, *Geranium mac.* has served me well, and in severe uterine hæmorrhages I prescribe it with confidence.

You ask what are the indications for its use and my reply is bright red hæmorrhage.—*Medical Councellor.*

COMMON SALT IN DIPHTHERIA.

Dr. A. Seibert says:—Solutions of common salt were used long ago for cleaning the nose and the throat, but they are not strong enough to be of prophylactic value. It occurred to me, therefore, to use it in diphtheria in the same way as it is used in the preparation of corned meat and sauer kraut. And thus, since July, 1888, I have treated each case of diphtheria in the following manner :—

At the very first visit, I spread a thick layer of fine salt over the tongue as far as between the tonsils, by means of the moistened back of a roundish (not sharp) little spoon handle; then I turn the spoon to the right or to the left, so as to have the edges now standing upward and downward, and thus I press the salt on the diphtheritic spot and its surroundings. No force of any kind is used in this, and it is easy to maintain the spoon and the salt *in situ* for a whole minute. On retiring the spoon, the salt remains attached to the tonsils. After covering the spoon handle with a new layer of salt, the same operation is repeated on the other side.

Only after some particles of salt have dropped near the epiglottis, tussicular irritation is produced and in rare cases (in sensitive patients) choking, and occasionally vomiting. In most cases, children support this application of salt very well. Grown-up and bigger children have stated that only after liquefaction of the salt some irritation and tussicular fits are noticeable. In the subsequent hawking and coughing I have frequently seen membranes which had dropped being induced thereby immediately to make a new application of salt on the now raw, ulcerous surface.

The salt now penetrates rapidly into the diphtheritic membane, into the ulceration basis, and, through the intact membrane, into the depth of the infiltrated and still healthy surroundings. Wherever it now reaches, it is bound to develop its antiseptic effects. I may positively assert that the diphtheritic germs undergo this effect. Mostly very soon after the first application,

fever and pain diminish materially, and, accordingly, at the next visit (after six hours) tumefaction is found to be less and especially paler than before, while the subjective condition is materially improved. Although the membrane may not be removed, yet it has not enlarged and it remains localised; for the application of salt twice every day "corns" the surroundings of the diseased part in such a way that fungi and cocci are unable to gain a foothold, and, on the other hand, the morbid germs established already in the tissues and in the lymphatic and sanguiferous ducts are rendered innocuous by the salt.

It is self-exident that in highly-developed cases where the laryngeal cavity is clothed *in toto* with the diphtheritic covering, this treatment will not perform miracles any more than any other therapeutic method.

I will not produce statistics. I wish only to say that I am highly satisfied with this system of "corning diphtheria," and I would like to recommend it to my colleagues.

Until now, I have not found it necessary to make the application oftener than twice a day.

The method is simple, absolutely harmless, and without any danger, and rational.—*Health.*

PERITONITIS, TWO CASES.

By Dr. Hesse, of Hamburg.

(From an address delivered before the Society at Halle.)

The homœopathic remedies suitable for this disease are manifold, as are the causes and symptoms of this morbid condition. If ulcers of the stomach, appendicitis or puerperal fever in its first stage are from the first treated homœopathically, perforations and malignant forms of the disease will usually be avoided. *Aconitum*, *Arsenicum*, *Belladonna*, *Bryonia*, *Mercurius* and *Pulsatilla* are the remedies first to be considered, besides *Arnica*, which is especially to be kept in mind after severe labor and in peritonitis caused by lesion. These same remedies, together with *Berberis*, *Lachesis* and *Rhus*, are also the main remedies when peritonitis is fully developed; in its later stages *Carbo vegetabilis* is also useful. Two remedies which may both seem suitable may be given in alternation. With tuberculous patients the best remedy may be found in *Sulphur*, first in a high potency, allow-

ing it to develop its full effects, and, if necessary, repeated later on in lower potencies. *China*, *Phosphorus* and *Kali phosphoricum* may also be found useful as intermediate remedies.

CASE I.

In the spring of 1893 I was called to see W., who was eight years of age. His mother had noticed some four months before that his abdomen was becoming distended, and the family physician had diagnosed it as peritonitis with copious exudation. When this increased and caused difficulty in respiration, the surgeon who was called in, by lancing, drew off about two quarts of serum mixed with pus. This procedure had to be repeated in four weeks. In the meanwhile efforts were made to alleviate the disease by other measures also, as by the injection of Koch's serum, but without success. The surgeon diagnosed the disease as tuberculous peritonitis, and since he, as well as the family physician, gave an unfavorable prognosis, the father told them that he felt it to be his duty to look elsewhere for help, either to hydropathy or to Homœopathy; the family physician then directed him to me (probably as the lesser evil).

I found a boy much emaciated, whose distended abdomen, owing to this fact, was doubly striking The abdomen was extraordinarily distended, a real drum, the navel protruded, and percussion everywhere gave an empty sound, except in the region of the umbilicus. The other notes taken at my first visit are as follows:

Strength not low. After having been vaccinated in his second year, there had followed *eruptions on the head* and suppuration in the axilla. Even before that he had been subject to *wetting the bed* and to *epistaxis*. Since his sickness began he had been subject to *diarrhœa*, especially in the *forenoon*, three or four stools of light grey matter attended with colic. Colic is frequent, aggravated toward evening. About this time he also complains of the room being too hot. His *feet* often feel *too hot; he stretches them out from under the cover. Fever with hardly any interruption*, between 101° and 103°. Disturbed sleep. He is peevish.

Anyone would at once recognize in this the image of *Sulphur*, the past and the present supplementing each other. Eruptions on the head, wetting the bed, epistaxis, diarrhœa in the forenoon, grey stools, hot feet with the desire of stretching them out from under the cover—everything shows the characteristics of *Sulphur*. To act directly on the local process the exudation, I prescribed two drops of the 3 potency, three times a day.

The effect of the medicine on the stools showed itself in a day or two, as these became normal, so also the disposition and sleep left nothing more to be desired. The appetite improved. The fever, colic and sensitiveness of the abdomen during percussion disappeared more slowly, it required four weeks. Later on I used the second decimal potency of *Sulphur*.

More slowly still came the diminution of the exudation, yet there was a manifest improvement from week to week. As the exudation diminished uneven prominences in the abdomen appeared, evidently caused by the draining off of the exudation; these slowly disappeared. At my last visit in August I noted, first of all, a general state of good health; local examination showed still a slight distension of the abdomen; though his mother averred that his abdomen had always been more prominent than that of the other children. With the exception of a spot as large as the hand below the splenetic region, the sound heard on percussion was everywhere tympanitic; the abdomen was soft with no unevenness except in that one spot.

The result gave me great pleasure; the case was severe and a fatal issue had been prognosticated by others; there was the clear image pointing to a certain remedy, which had been given by itself, and the favorable result could only be ascribed to this same remedy.

Whether the disease was a case of simple peritonitis or of tubercular peritonitis, seemed at first doubtful. Professor Niemeyer says: "Tuberculosis of the peritonæum is hardly ever found to be primary, but it usually follows on tuberculosis of the lungs or of the bowels, or of the urinary and sexual organs. In other cases it forms part of an acute miliary tuberculosis." None of these combinations were found in this case, unless we would claim that the diarrhœa was a tuberculosis of the bowels, which would seem a rather arbitrary assumption. So there would be left nothing but simple peritonitis, or, if we wish to classify it, rheumatic peritonitis, which, as Niemeyer says, is very rare, being hardly ever found in persons healthy before that, and is caused by taking cold or from unknown atmospheric influences.

Sulphur, called by Von Bœnninghausen the "divine remedy," is the remedy most frequently indicated in chronic diseases. The *Sulphur* constitution is so general that the advice has been given to begin the treatment of every chronic case with *Sulphur*.

CASE II.

A farmer's wife, being tired out and wet through with perspiration, took a seat on a wagon, so as to avoid the fatigue of walking. Arrived at home, she at once took sick with a shaking chill, colic and vomiting. Being called to see her, I found an acute *inflammation of the peritonæum*. I gave her from the beginning to the end of the case *Bryonia*, and in six days she was well again. There remained, however, an inflammation of the liver. I found out eventually that the patient for half a year before her peritonitis had suffered from weariness, debility, pains in the liver attended with a sallow complexion; this showed that the inflammation of the liver was not a consequence of the peritonitis, but had been probably present before it. *Mercurius solubilis*, four doses a day, followed eventually by *Belladonna*, also cured this ailment fully and completely.—*Translated from Willst du Gesund Werden?*

A CASE OF PHLEGMASIA ALBA DOLENS.

Reported by Dr. Mossa.

Translated for the HOMŒOPATHIC RECOREDR from the *Allg. Hom. Z.*, December 20, 1900.

June 2, 1876. A woman had been normally delivered of her second child. Yesterday she was seized with a violent pain extending from the inner side of the thigh toward the toes; and could not keep her limb quiet; in a few hours this pain diminished, but it left behind a heaviness in the limb, and the calf was swollen, with a pulsating pain. The lochia were fœtid, like filthy water. The mind was sad.

At 6 o'clock in the evening there appeared a hard swelling in the calf, attended with thirst. *Rhus* brought a transient relief; *Arsenicum* given afterwards proved more efficient.

At 3 P. M. on *June* 2d she was sad; the flow of milk was totally suppressed, there was less thirst, but otherwise no change. The aching in the calf accompanied with heaviness led my choice to *Berberis*, of which remedy I gave her a dose every three hours (a high potency).

June 30, 7 P. M. The milk came in again, but watery; the lochia are still fœtid, but the calf is less swollen, the hard lumps have disappeared; the sensation of heaviness is less, there is no

pulsating pain; the thigh is now swollen, and the pain draws downward from the pudenda along the inner side of the thigh down to the knee, as if that part were out of joint, but only while moving. *Berberis* every 4 hours.

June 4. She can move her limb better; the calf and thigh are less swollen, but there is more swelling about the ankles. The thighs are still painful. The milk flows more abundantly; there is no thirst, the tongue has a white coating. *Berberis* is continued.

June 5. Less swelling of the calf, the thigh and the ankles; less pain in the thigh; the tongue cleaner. Continued.

June 6. The milk looks better; the thigh less swollen; no more as painful; the limb feels less heavy; redness and swelling in the right heel and the outer border of the sole, the vein on the sole is enlarged, aching on the heel and the sole; especially on the outer border. *Kali carb.* and *Phosphorus* have redness of the sole, but *Kali* alone has swelling and pain. *Kali carb.* was also given every three hours (high potency).

June 7. Less pain in the thigh; she can keep the limb hanging down for a minute; less swelling in the leg, the ankle and the foot; the foot is less red; the vein is normal; the milk is richer and better; the tongue clean. Continued.

June 8. No pain in the foot, very little in the thigh; she can move the limb better. Medicine continued in the morning and evening.

June 9. She can now get in and out of the bed without help, only the heel is still somewhat inflamed; less pain in the thigh; the ankle still swollen. Continued.

June 10. Much better; stiff in the bend of the knee; with outside help she made three steps (a week before she not stand). The lochia are abundant, no more fœtid, like the menstrual blood. Continued.

June 12. The swelling is almost gone, less stiffness; she can walk better; but while doing so, there is pain along the inside of the limb which was not the case before; the milk is better, but not yet sufficient; the leucorrhœa is more pale and flows more strongly while moving; the appetite returns. Continued (in the morning).

June 14. Nothing but the ankle is now swollen and sore while walking. She has gone down stairs. The medicine was discontinued.

June 20. The swelling and pain diminish day by day. The ankle is bandaged.

June 26. Very little swelling and aching; the bandage is removed, as it caused swelling.

July 22. The ankle is swollen a little in the evening; no other morbid symptom.

Sept. 19t. The right calf and ankle are swollen; the calf is hard and at times without sensation. These symptoms point to *Graphites*' and this remedy was given in a high potency for 9–10 days.

Nov. 26. After *Graphites* there was an improvement. Now the calf is only somewhat hard and swollen; the ankle also is swollen, No medicine.

Dec. 1878. The patient is now quite well. She was delivered of another child a short time ago; the lying in was quite normal; the phlegmasia did not return.

This case shows the uselessness and folly of prescribing according to the name of diseases. In Guernsey's valuable work on Obstetrics twelve remedies are enumerated in phlegmasia alba dolens, but neither *Berberis* nor *Graphitis* is included in this list, and the symptoms of *Kali* as there given are not those which led to the choice of this remedy in the present case. If it is found useful to add new remedies to a list collated according to the extraordinarily rich experience of a Guernsey, then who would limit the therpy of a disease to any set and determined circle of remedies? The true remedy will always be found when the symptoms of an individual case agree with those of a remedy; the cure then ensues, or if the case is incurable, the greatest alleviation possible is attained, if Hahnemann's other directions are at the same time followed. This case also shows that *Berberis* is not one of those remedies that needs to be given in large doses, though many of the eclectics who consider themselves as Homœopaths have asserted it.

OLIVE OIL IN GASTRIC AFFECTIONS.

At the International Medical Congress Dr. Cohnheim, of Berlin, detailed his experience with large doses of olive oil in cases of severe gastric distress. In his first case the young man had suffered from an injury in the gastric region, and it seemed probable that a traumatic ulcer had resulted. The pain on eating

was so great as to make the patient avoid food. A wineglass of olive oil taken before meals gave complete relief. The same remedy was tried in other cases in which stomach discomfort was a prominent sympton. Even in cases of gastric cancer relief was afforded to many symptoms. In cases of pyloric stenosis most satisfactory results were secured as far as the alleviation of symptoms was concerned. Besides, the dilatation of the stomach that existed began to diminish, and eventually in some cases disappeared completely. Cohnheim has treated twelve cases of gastric catarrh by this method with uniformly good results whenever the patients bore the oil well. In one or two cases this method of treatment was tried as an absolutely last resort before operation, and it proved successful. Patients who had lost so much in weight as to appear almost cachectic began immediately to gain in weight, and within a couple of months gained from fifteen to thirty pounds.

Professor Mathieu, of Paris, said that in certain of the country parts both of Germany and France olive oil is used as a family remedy for all stomach pains. It is most effective and has a high reputation. In his practice at the Hospital Andral, Dr. Mathieu has often used this remedy and knows how efficient it is where less simple remedies have failed. He recommends it with confidence despite its utter empiricism and lack of claim to any scientific basis.—*Health.*

MERCURIUS SOLUBILIS AND SILICEA IN GOUT AND RHEUMATISM.

By Dr. Goullon.

"*Most Respected Doctor:*—Might I again ask for your kind advice? Now I am finally troubled also by gout and I would like at once to get something to cure it. An acquaintance of mine in Dresden consulted, for the same ailment, Dr. V., who prescribed *Mercurius* for her, but I do not now remember whether it was *Mercurius cyanat.* or *corros.* Please inform me about it. On the first joint of the index finger there is a small painful exostosis, and the middle finger pains on bending it, as if there was a swelling in the joint.

"In the winter when I was painting for three months in Berlin I had several attacks of influenza, one attack of pneumonia, and my rheumatism was worse. I was ordered to take

baths, which, indeed, diminished the pains, but made me very nervous. This is not strange, as I had to take four baths a week, stay in the water half an hour at a time and then spend another hour in bed. It was nothing else than a mild torture!"

In answer to this letter I sent to the lady, whom I had known for years, *Silicea*, *Calcarea carbonica* and *Lycopodium*, as these remedies are well known to be best adapted to cure outbreaks of gouty and rheumatic affections in their various manifestations and local symptoms, for eyes and nerves, the muscular and the osseous systems are assaulted in turn and suffer from the merciless strokes of this malignant, sneaking enemy. What allopathy fails in is frequently effected by the remedies mentioned above, among which *Sulphur* should also be included.

On the 20th of August the patient wrote:

"I have tried several times to massage the parts affected, but perceived every time an increase in the pains and in the swelling. Is this aggravation necessary, and should I continue notwithstanding?"

"I have not yet tried hayseeds, because the pains were not so violent, and I did not know whether the stuff should be first boiled, or simply be macerated.

"'After all it is not the right but the left hand, God be thanked!'

"The *rheumatism* remains ever the same, although I have used a multitude of remedies and various physicians, homœopathic and allopathic, according to the facilities afforded by the localities where I was staying. I have been thoroughly examined several times, but the medicines ordered in consequence did not afford a shadow of improvement. The best remedy so far has been a douche of cold water followed by friction, and rubbing afterwards with formic *Ether* or some such substance. I have long ago given up all hope of a complete cure. Well! it does not matter, to live is to struggle and to suffer, if only our strength remains, so that we may bravely struggle on! Everything is better than to be stranded and to sink down inactive!"

A depressing resignation appears in these words; it put me on my mettle, to refute it. I did not give up *Silicea*, but on the ground of the experience made in Dresden I added *Mercurius solub.*, although I have not used this remedy as frequently in such ailments as the ones mentioned above. We had not to rue this change, and I was much pleased to receive the following

letter dated October 15th. I give it entire, though the last paragraph touches on another matter, which, however, is also of general interest.

Now for the result of the treatment:

"*Honored Doctor:*—What must you think of me in leaving your kind missive so long unanswered! But I am loaded down with hurry-orders, so that my nerves often rebel against it, and when I lay down my brush in the evening I am of no good at all. But I must inform you that *the gouty pains in my fingers are altogether gone.* The exostosis which has grown very, very small does not pain any more even on firm pressure. The improvement began even while taking your medicines, and their after effects altogether removed the ailment in about fourteen days. I cannot tell you, dear doctor, how glad I am over it aud how much I thank you for it.

"What you told me in your letter before the last astonished me, viz., that you are vividly impressed to think of people from whom a letter is on the way to you. This may really be readily explained, and is nothing but an entrance into consciousness of the perceptive faculty of the soul. I also have experienced similar wonderful things, and I believe that Divine Providence sometimes makes use of this perceptive faculty in order to direct our determinations and our fate.

"Once more many, many thanks and cordial good wishes from

"Yours, sincerely, E. L."

THE TRANSPARENCY OF MATTER AND THE SO-CALLED BLACK LIGHT.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipzig. Pop. Z. f. Hom.*, February, 1901.

It has always been my view that the comprehension and true explanation of homœopathic doses; *i. e.*, the possibility of action of small and minimal doses of medicine, will best be obtained through analogies. In this connection a communication of an important discovery of the physicist, Le Bon, will prove of interest. He remarks: "The form of energy here discussed may also be applied to Homœopathy, the remedies of which can only have their effect owing to a quite definite form of energy in conform-

ity with natural laws. 'The sublimation of matter,' 'the extreme state of the solution of matter and the infinitely subtle divisibility of molecules' ''—all these are fundamental and essential conditions which alone make the existence of our so-called infinitesimal doses conceivable.

To this also belongs the sublimation, the degree of separation of the matter of Le Bon; this, he states, is even greater than that of odors, and with immeasurable rapidity it gives to air the power of electric conduction. Here then are found a number of analogous momenta and important points of contact between Homœopathy and this discovery which has caused such a surprise. Perhaps an abler pen may yet follow out the analogies here set forth, and show their value in explaining the efficiency of homœopathic doses, though these are, of course, undeniable even without any theoretical explanation.

About four years ago the French physicist, Le Bon, discovered the phenomenon of a peculiar fluorescence of various substances, to which he gave the name of "black light." Lately he has made known the continuation of his interesting researches in this matter in the *Revue Scientifique* and he mentions that this phenomenon consists of an invisible fluorescence which is found in very many substances. These phenomena appear more especially in connection with *Barium* and *Uranium* in *Torium*, *Sulphate of Quinine* and other substances. These dark radiations can penetrate metallic plates, can influence plates sensitive to light and can discharge electrified bodies. According to his views, these emanations are not, however, to be regarded as rays of light, but as another form of energy, since all experiments founded on the properties of light have only yielded negative results. It is rather to be viewed as an emanation of substances subject to an extreme state of dissolution and an infinite divisibility of the molecules. Owing to their excessive sublimation and consequent immeasurable rapidity they give to air its power of electrical conduction. This degree of divisibility, according to his view, must excel the divisibility which may be established in the odors, *e. g.*, which emanate from any body.

A THUJA CASE.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipzig. Pop. Z. f. Hom.*, February, 1901.

Mr. D. wrote me on June 2, 1899: For a few weeks I had noticed on the right side of the chest below the nipple a flat nodule as large as a bean; it was not yet hard, caused a hot sensation, and was somewhat painful when the nipple was pressed upon.

The (allopathic) physician consulted looked at the swelling and promised to keep the matter in mind, but he said that "he saw nothing serious in it." I gave him a single dose of *Thuja* 30 D. and on the 17th of July Mr. D. wrote to me:

"*Thuja* had a good effect; the nodule became flatter and softer and is less sensitive when pressure is applied to the nipple."

Of course I shall allow *Thuja* to exert its full effect.

An interesting fact in connection with this case was that the patient reported that, since taking the *Thuja*, his asthma has become better.

BOOK NOTICES.

Index to Homœopathic Provings. By Thomas Lindsley Bradford, M. D. 305 pages. Cloth, $2.00; by mail, $2.10. Philadelphia. Boericke & Tafel. 1901.

Verily this is a wonderful book! One is simply amazed at the number of drugs that have been proved, and still more, so to think, that any one man should have had the courage to attempt to make an index of these provings scattered in books and journals throughout the world, and to have had the patience to have brought the task to a successful conclusion. Surely the homœopathic profession, and their posterity, owe our patient, scholarly and genial bibliophile, Bradford, a debt of gratitude, for those great works and collections of data, the *Homœopathic Bibliography*, the *Life of Hahnemann*, the *Pioneers of Homœopathy*, the *History of Hahnemann College* and lastly the present *Index*.

The book itself is a list of every drug of which any proving has been made and following the reference to the books, journals or other sources in which the provings were published. Henceforth no one need ask, Where can I find anthing about such and such a drug? All he need do is to turn to the *Index* and he can learn exactly where every proving of it is to be found. We have not counted the number of remedies, but their list covers seventeen pages in double column. To the scholar, the student and to the book lovers this work will be a treasure.

A Dictionary of Medicine. Giving a Description of Diseases, Directions for Their General Management and Homœopathic Treatment. With a Special Section on Diseases of Infants. By John H. Clarke, M. D. American Edition, Revised and Enlarged by the Author. 365 pages. Cloth, $1.25; by mail, $1.35. Philadelphia. Boericke & Tafel. 1901.

This book follows the lines of the author's well-known *Prescriber*, but is a move further in the direction of popular use than the *Prescriber;* in that book the diseases are alphabetically arranged, but the reader is supposed to know all about their characteristics and nothing else is given save the remedies. In the *Dictionary* the same course is followed plus a description of the disease and management of the patient. It is really a most excellent little practice half way between a domestic and a work for physicians, especially if the latter be new in Homœopathy.

Curability of Tumors By Medicine. By J. C. Burnett, M. D. 345 pages. Cloth, $1.25; by mail, $1.35. Philadelphia. Boericke & Tafel. 1901.

The great interest aroused by Dr. T. F. Allen's paper published in the January number of the HOMŒOPATHIC RECORDER, "After Surgery had Done Its Best," makes the appearance of the second edition of this book peculiarly timely. The argument of the book is that the tumor, or cancer, is the product of the organism; that the causes leading to the formation of the tumour must be eliminated by internal medication if the body ever is to regain normal health; that cutting the tumor out merely rids the organism of the visible product, the result of which in frequent cases seems to merely enhance the tumor-producing

power of the body, the same as trimming a vine increases its productive capacity.

The reply to Burnett's argument has been made that life is too short to devote the time necessary to curing these cases with medicine; that patients are impatient for something to be done, and medicine won't cure these cases. The arguments to be made on both sides are strong, and it would be well to know both sides, for while it is true that there are those who will not consent to await the, sometimes, slow action of medicine, nevertheless, the majority would gladly do so; for the idea of being under the surgeon's knife is not a pleasant one.

Another point. Burnett (and this applies to nearly all of his books) is sometimes criticized for not giving in detail the indications that led him to prescribe the list of remedies he frequently uses in a long-running case. But it requires no given symptoms, as we read the book, to lead to the prescription of the nosodes of the two great venereal diseases; where a constitutional taint of either is known or suspected, or where there is tuberculous or vaccine taint, *Bacillinum*, or *Thuja*, can be given as inter-currents on the mere fact. These books are largely suggestive of the enormous possibilities in internal medication, and to men who will really study their cases and their drugs, are invaluable. This book on tumors is among the most widely useful, for cancer is rapidly increasing.

Fischer—Infant-Feeding in Health and Disease. A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M. D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the Westside German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 Illustrations, with 16 Charts and Tables, Mostly Original. 368 pages, 5¾ x 8 inches. Neatly Bound in Extra Cloth. Price, $1.50, net. Delivered. F. A. Davis Company, Publishers, 1914–16 Cherry St., Philadelphia, Pa.

A very thorough work on the feeding of babies that it would be well for doctors to study who are called upon to advise on this subject.

Tratamiento Bioquimico de las enfermedades segun el método del Doctor Schuessler, per Julio F. Convers. Bogota. 1900.

A pocket-size book in Spanish of 467 pages on the treatment of disease by the tissue remedies that will be very welcome to all who speak the Spanish language.

In a long review of Dewey's *Practical Homœopathic Therapeutics* the *Homœopatic World* says: "In this work he has, in fact, done for therapeutics what Farrington did for Materia Medica."

Practical Homœopathic Therapeutics. By W. A. Dewey, M. D.

We hope that we may shake hands with Dr. Dewey in June and tell him he is *all right.* His therapeutics is the best thing that has happened since Lilienthal presented the profession with his work along that line. Now that good Saint Samuel has passed into the Great Unknown we welcome Admiral Dewey.

If you want a work on allopathic therapeutics, don't send for this. Dr. Dewey is not in that business. He is practicing Homœopathy, lecturing on Homœopathy and incidentally is editing a journal of Homœopathy, so he really ought to be forgiven if he has not had time to fill in a page now and then with the latest old school literature.

If, on the other hand, you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your book case.—*The Clinic.*

"Hernia" is the title of a 31 page pamphlet by Dr. S. H. Linn., 243 Alexander street, Rochester, N. Y., which he offers to send free to any of the Recorder's readers who will write for a copy. The book considers the electro-calaphoric, chemical hypodermic and surgical treatment of the disease.

We are glad to welcome the *Medical Advance* again, and hope that it has at last found a permament abiding place. Its flights here and there have been bewildering to the exchange man.

Condensed book catalogue of all homœopathic books in English language, just issued, may be had free at the B & T. pharmacies.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

A DISREPUTABLE PRACTICE.

MESSRS. BOERICKE & TAFEL.

Your "Jottings" received. Much obliged.

I was interested in your remarks on Green Plant Tinctures, as I have experimented quite a little on that line during the past forty five years. Physicians in general should be better taught in that department in order that they might know if an inferior article is sent them, as mistakes sometimes occur. During the past few months agents from different pharmacies have visited me and have asked: "Why not buy your *Mullein oil* of us?" When I tell them I never buy of anyone, they refer me to a "Catalogue and Price List" of a certain Pharmacy Co., and tell me doctors they visit, say this certain pharmacy must have good medicines, as Dr. Cushing buys his *Mullein oil* there. Examining that catalogue I find that I have been given the credit of introducing to the profession *Homarus*, *Mullein oil* and *Phaseolus nana*. *Homarus* is offered at sixty cents for four ounces. Strength not given. After I had found one lobster that was all right, although living where lobsters are plentiful, it took me a year and a good many trials to find another. Then I went to a lobster wharf and slaughtered a good many of the innocents, and spilled some of my precious blood, greatly to the amusement of the lobster men. And on the second trial I learned what I desired, and obtained the desired article, but not at fifteen cents an ounce, for the lobsters would cost much more than that. Speaking of *Mullein oil*, cases are given, taken from medical journals treated by myself with *Mullein oil*, and it said the medicine was prepared by that Pharmacy Co. That is a mistake

for I never bought a drop of any preparation of *Mullein oil* from any pharmacy, but always prepared it myself. Speaking of *Phaseolus*, a case is quoted from a medical journal where I gave the 9x and said it was prepared by that Pharmacy Co. That is a mistake, for every dose I ever gave I prepared from the bean myself. When such mistakes are made it leads one to doubt the reliability of the medicines offered for sale.

A. M. CUSHING, M. D.

Springfield, Mass.

(There is no "mistake" in the matter. The "Company" referred to has been pirating in this way for the past fifteen years, and has been repeatedly shown up. "They are out for the stuff" and professional honor is not in their creed. Editor of the RECORDER.)

THE Western New York Homœopathic Medical Society at its regular meeting in Buffalo, February 22, 1901, passed the following:

"Resolved, That the Western New York Homœopathic Medical Society does most emphatically and unanimously protest against the unwarranted, illegal and entirely unnecessary interference by the Executive Committee of the American Institute of Homœopathy with the action of the Institute in fixing the place of meeting at Niagara Falls. We regard this action as an impertinent assumption that the Institute did not know its own business when it voted by a large majority, and after a fair and very full discussed, to prefer Niagara Falls to all other places named, as the best place for holding the Institute meeting in June, 1901."

"We have positive information that the facts as they exist at Niagara Falls have been entirely misrepresented in the circular letter sent by the Executive Committee. We can assure every member of the Institute that ample accommodations will be afforded all at Niagara at reasonable rates."

A copy of these resolutions, together with a circular letter going over the whole ground, has been mailed to each member of the Institute.

Alumni of the New York Homœopathic Medical College, please note that the date of the annual banquet is May 9th this year.

The place of meeting is Delmonico's and Dr. G. W. Roberts will act as Toastmaster.

All graduates are requested to join. Send applications to Dr. E. S. Munson, Cor. Sec'y, 16 W. 45th St., New York.

March 7, 1901.

Boericke & Tafel.

Gentlemen:—Please send me a copy of your new book catalogue, also one to my brother, who is located at No. 660 Massachusetts avenue, Boston, Mass. I wish to have you place my name on the waiting list for Dr. H. C. Allen's new work on intermitting fever. He informed me more than two years ago that he was at work on it and asked me to be patient. I could not wait for the new book, so continued my effort to obtain a copy of the old. I finally succeeded in obtaining one from an old doctor in one of the Western States; it cost me a five spot, and I would not take ten times that for it if I could not get another. I am pleased to know that Dr. Nash is at work on another book. I learned more valuable Materia Medica from his Leaders than from all the books in my library on that subject. Dr. Nash puts it in a way that one can remember it and what Nash states you can tie to every time.

Very truly,

D. H. Swope.

107 Main St., Brockton, Mass.

OBITUARY.

Mr. R. B. French, for many years in the employ of Messrs. Boericke & Tafel as traveling salesman, and father of Dr. M. R. French, manager of that firm's Pittsburg branch, died on March 19. Mr. French was well and favorably known to physicians, especially in the territory tributary to Chicago, and his visits will be missed by many of them.

We acknowledge receipt of a new exchange, the *Chikitsaka-O-Samalochaka*, edited by Dr. Satyakrishna Roy, of Calcutta. We have no doubt it contains much interesting matter, but being printed in the Indian it must remain a sealed book to occidental eyes. May it succeed.

THE *Dominion Medical Monthly* speaks of those "philanthropists" who are whooping up the crusade to put consumption in the same class as small-pox, etc., as striving "mightily among themselves for the privilege of succoring him whom the new doctrines have made a pariah." No doubt they would be willing to face the deadly risk of entering a State building jammed full of these "pariahs." The "new doctrines" are great things, but these expounders have very unscientifically stopped at the "germ." Tell us what produces his nibs?

THIS is a clipping from the Sherman, Texas, *Register:*

> **Can't Supply the Demand.**
>
> Since the notice in the register appeared regardiug Drs. Johnson and Pettitt's Homœopathic anti-vaccination remedy recently, the doctors have made over two hnndred prescriptions, many of them going to adjacent towns. In fact, the demand has been so great that they have been able to supply the demand.

The public would gladly welcome anything that would take the place of the discomfort, to say nothing of the danger, of vaccine virus. *Malandrinum*, *Vaccininum*, and *Variolinum*, 30th potencies, have all been successfully used as prophylactics against small-pox.

THE *Journal of American Medical Association* tell us of "The Etiology of Yellow Fever," according to the latest. The mosquito is the cause. But to transmit the disease the mosquito must have previously "fed on the blood of those sick with the disease. As the disease is transmitted in this manner disinfection is useless. The spread of the disease can be controlled by the destruction of the mosquito."

All which is gravely submitted and with equal gravity accepted.

When there has been no cases of the disease at its home for a few months one wonders where the mosquito gets his supply of bacteria with which to resume business.

Also how the disease breaks out on ship-board in mid-ocean where there are none of the insects.

Also why cleaning up a city seems to effectually stop the disease. Also several other queries needless to enumerate.

Perhaps further research will reveal a flaw in the conclusions of Drs. Reed, Carroll and Agramonte.

Dr. J. F. Griffin, of Shreveport, La., contributes his experience to the mosquito-malaria theory. Last September he visited the pine woods of Vernon Parish, La., and remained there for two months. During that time he did not see or hear a mosquito, yet treated twenty-five cases of malarial fever, and "none of these persons has been exposed to the bites of mosquitoes." This is fast bucking against theory. The latter, however, will, as it usually does, airily ignore bullet headed fact.

A little free-lance journal, *The Acologost* says, of antitoxin: "Personally I believe that diphtheria antitoxin is worth every dollar the makers can can get for it in the market; therapeutically I don't think it is any better than a five per cent. solution of carbolic acid, and the acid solution is infinitely cleaner and safer."

TOOTING.

A tutor who tooted the flute,
Tried to teach two young tutors to toot;
Said the two to the tutor,
"Is it harder to toot or
To tutor two tooters to toot?"

Our ultra-scientific, always right up-to-date, front seat in the scientific band-wagon, exchanges now all write of malaria, "Which we now know is due to a blood parasite, introduced through the agency of mosquitoes of the genus anopheles." But do you "know" it? Isn't it just possible that you have all scrambled to a hasty conclusion in order to be in the "van of science," and that not one in a thousand "know" anything about the matter, and may it not be that the one man in the thousand is riding a hobby?

What a jolly lot is the world and the doctors thereof! Poor old Schuessler wrote his *Abridged Therapy* and thereby launched

his little medical theory, with what results the reader is probably more or less familiar. Lately the eclectics, or some of them, have taken up the "tissue remedies." One of them writes that you can prescribe these remedies "without becoming a believer in the rot and moonshine included in Schuesslerism," and prescribe them on "well defined specific indications." This is unkind, especially as he immediately proceeds to give those "specific indications," and they are neither more nor less than that the "rot and moonshine" found in Schuessler's *Abridged Therapy*. If a man feels that his virtue demands that he should term a man a "quack," in the name of decency do not steal the man's "quackery" and parade it as "science." Where, for instance, were the "specific indications" of *Calcarea fluorica* discovered? The drug is not even mentioned in the latest eclectic dispensatory!

And then back of Schuessler looms the mighty shade of Hahnemann. And the best of the "specific indications" in some of the "tissue remedies" will be found in his Materia Medica, old before "Schuesslerism" or eclecticism was born.

A jolly world for sure!

"Clear and sweet is my soul, and clear and sweet is all that is not my soul.
Showing the best and dividing it from the worst age vexes age;
Knowing the perfect fitness and equanimity of things, while they discuss I am silent, and go bathe and admire myself."

—*Whitman.*

A CHANGE IN HAHNEMANN MEDICAL COLLEGE OF CHICAGO.

E. P. Anshutz, M. D., Editor.

My Dear Doctor:—I desire to call your attention to an important step which is about to be taken by the Hahnemann Medical College and Hospital, of Chicago, in the matter of medical education.

Beginning May 1st of the present year, the work will be conducted on the following plan: Three terms will be given each year, any two of which will constitute a year's credit. Students may enter at the beginning of any term. Each term will be complete in itself. The work of the college is so arranged that the subject is either given completely in one term or one-half of it is given in one term and the other half in the next ensuing term. The subjects which are given in two terms are always divided

into two parts. During each term work will be offered for the first, second, third and fourth years. During the summer term special opportunities will be offered to practitioners for work in the various clinical departments.

This new arrangement of the college work will present a number of advantages. First, the students may enter at three different times during the year. Second, students may take their vacations during any time of the year. Third, students may graduate at the end of any term. Fourth, the college work is available to practitioners during the summer months. Fifth, laboratory classes will be smaller, making it possible to give each student a greater amount of individual attention. Add to these advantages the fact that Hahnemann Medical College conducts the largest clinics of any homœopathic college in the world; the fact that it has put in service a new pathological laboratory during the past year which is not surpassed in equipment by any institution in the city, and that its other laboratories have been increased in size and have received important additions to their equipment, demonstrates that Hahnemann Medical College is abreast of all the educational demands of the day, and that its facilities are equalled by few and surpassed by no other college.

Trusting you will be able to make these facts known to your numerous readers, and thanking you in advance for the courtesy of such notice, I am,

Yours truly,

W. Henry Wilson, *Registrar.*

One of our esteemed exchanges says, "Mark Twain's remarks before a legislative committee shows what a fool a man may make of himself when he attempts to talk upon a subject he knows nothing about." This Mark partly admits in his testimony before the committee when he told of his visit to an ostœpath, "and he did me a lot of good, as I thought, although I must admit that my education doesn't qualify me to say just when I am in good health. But I should like to have the right to experiment to my heart's content." The latter clause contains the heart of the whole quarrel: Medical liberty!

A Dr. J. C. Bateson, of Scranton, Pa., is out in an article on "Homœopathic Fallacies" in the *Medical Adviser*. The title of the paper is its mildest feature. Here are a few specimens of its tenor: "Whew! Gusto! Bosh!" "Bombast," "Hoo-doo-man,"

"Humbuggery," "Mountebank statement." In fact the paper is a good old fashioned allopathic war-whoop, in which the ignorance of the subject of which it treats is only surpassed by adjectives used as a vent to the writers feeling. Here is a specimen of what is advadced as fact in it: "In Germany, its birth place, 'Homœopathy' is under the ban of the law, and the system is universally condemned by the intelligent classes." When a man can make such a statement, in the light of the facts as they are known to be, he is unworthy of being taken seriously —even by his own brethren of the "intelligent classes." The RECORDER has five German homœopathic exchanges; there are, as may be seen by the new directory, homœopathic physicians in all the larger towns in the country and it is an open secret among well informed men that the homœopaths have the majority of the nobility for clients. Dr. Bates should take a reef in on his imagination.

IN the *California Medical Journal* for April, Dr. W. S. Gibson, of Sespe, Cal., writes indignantly of an article in *Pediatrics* of December, by Dr. H. Illoway, wherein the latter announces the discovery that *Aconite* and *Veratrum* in small doses reduce the temperature in fever and are altogether wonderful in their action, At this "discovery" Dr. Gibson, as was said, waxes indignant and refers him to the *American Dispensatory* of 1854, where that "discovery" may be found. Dr. Gibson might have gone back to the beginning of the century and referred Dr. Illoway to Hahnemann's books wherein he would have found the original discovery of how to use *Aconite*, told as it never will be *told* again.

THIS is important, if true, and is clipped from *Health*:

"It appears that two French physicians, Drs. Desgrez and Balthazard, have accidently discovered that *Bioxide of sodium* has such an avidity for carbon that it breaks up carbonic gas as quickly as it is formed, combining with its carbon and setting free oxygen. Animals have been enabled to live six and eight times beyond the atmospheric limits in hermetically sealed receptacles because of the presence of a block of *Sodium bioxide* in the same chamber with them. Men have been lowered into the water encased with diver's helmets lined with *Sodium bioxide*, and have been able to stay below with perfect comfort several times longer than would otherwise be possible. So long as any of this substance remains, the air is sure to remain pure. If these claims should prove to be true, they will revolutionize many things that

at first seem to be unaffected by it. Many a mine horror could be averted if each worker carried with him some of this substance. The purification of the air in dwellings, public institutions and conveyances, and under all circumstances of human crowding, would always be assured if *Sodium bioxide* were kept on hand. It would be to respiration what the X-ray is to sight."

Dr. Frank Kraft makes the following comments on Burnett's last book, and its author, on the curing of tonsils by medicines instead of ripping them out:

This is another vest-pocket book from the same old terse and agreeable fund of medical anecdotes and experiences with which Dr. Burnett is so thoroughly saturated. He always gives a small book; but that small book always, too, gives about all there is to be said on the subject. His style is argumentative, and yet so very pleasant and convincing that when once you open any one of his booklets, and permit your mind to follow on a page or two-you won't be able to let it go. You will have to finish the book. Thus it was with that most charming of all his long list of little books, his "Fifty Reasons for Being a Homœopath;" and much the same with his other books. We have in times gone by seen criticisms in our contemporary journals that Burnett's geese are all swans; that he cures everything, and never misses the bull's-eye. To a reader only this may so seem; but to those who know him personally, as happens to be our good fortune, and who also know his comrades and brethern who are with him every day of the year, and know him and his work well, this belief in the swansomeness of his geese is not carried out. He is a successful physician and is truthful in the highest degree in the record of his cases. Hence his books, made up of cases cured, are trustworthy and may be accepted in the spirit in which they are written. *Enlarged Tonsils Cured by Medicines*, however, ought not to cause the ordinary homœopath, modern or remote, any great trouble. There are many of us remaining in the school who believe in the efficacy of the homœopathic remedy in such conditions and who have never yet resorted to the tonsillotome. Dr. Burnett has one flagrant fault, and the next time we sit with our feet under the same mahogany with him, and the other jolly crew, we will tell him so to his face: and that is, that he uses so many remedies with which we on this side of the pond are not familiar. We would suggest that when he writes for an American readership that he append little stars and foot-notes to these odd and singular remedies and help us over the trouble of guessing at the component parts of the drug. The cases reported in this his latest book are graphically depicted and will help many of us busy workers out of a bad hole. Boericke & Tafel have done the usual good bit of mechanical work on this book and are to be congratulated upon adding another good homœopathic work to the year's list."

PERSONALS.

Several of our orthodox exchanges are full of controversy as to whether it is smallpox or "Cuban itch." Can't be very serious.

The Indiana Institute of Homœopathy will meet some time in May. H. H. Baker, M. D., Muncie, Ind., secretary.

The "contagion and contagiousness of personality" is a new domain opening before us.

A Colorado editor says: "Hell fire is health fire when you know how to handle it." Hence, "wild and woolly."

Do you know that the X in "X-rays" stands the symbol for "unknown?"

Where the osteopaths receive State recognition they become virtuous and sternly resist the encroachments of all quacks.

"Dr." Geo. W. Carey has given up spook healing and is now turning out "biochemic doctors" by mail at $10.00 per "doctor."

Dr. C. W. Baird has located in Oklahoma City.

Annual Reunion of the Alumni Association of Hahnemann Medical College will be held, on May 15, at Philadelphia, W. D. Carter, M. D., 1533 S. Fifteenth street, secretary.

Forty-sixth Session of Illinois Homœopathic Medical Association will meet at Chicago, May 7–9.

Dr. Kelly says that rheumatic gout is a "germ disease." Quarantine the old sinners!

One of our esteemed writes of "unlicensed healing!"

First 10 per cent. semi-annually. Now 5 per cent. Finally?

Yes, Mary Ann, a fountain when playing is working; an amusing paradox.

Utah passed a bill abolishing compulsory vaccination, the Governor vetoed the bill and the Legislature passed it over his veto.

It is always well to remember that a man isn't as big as he thinks he is.

"The world is a beautiful book, but of use to him who cannot read it."

Yes, John, the feminine of a vehicle is miscarriage.

Saith wise Don Quixote: "Every man is the son of his own works."

"We can never be certain of our courage until we have faced danger" Rochefoucauld.

The day of the sword has passed, it is now a mere ornament.

What is political science to one man is "all blankety blank rot" to another.

When we have "opened our mouth and put our foot in it" we realize the goldenness of silence.

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THE

HOMŒOPATHIC RECORDER.

VOL. XVI. LANCASTER, PA., MAY, 1901. NO. 5

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Twelfth Annual Session.

The American Institute of Homœopathy held its first meeting of the twelfth annual session in Buffalo, N. Y., on Wednesday morning, June 6, 1855, being called to order by the General Secretary, Samuel S. Guy, M. D., of Brooklyn. After the calling of the roll, and the making of necessary corrections in names and residences, the election of officers was held. C. H. Skiff, M. D., of New Haven, Conn., was elected President; J. P. Dake, M. D., of Pittsburg, Pa., General Secretary; A. H. Beers, M. D., of Buffalo, N. Y., Provisional Secretary; and Samuel S. Guy, M. D., of Brooklyn, L. I., Treasurer.

The Board of Censors were Lyman Clary, M. D., Syracuse, N. Y.; Samuel Gregg, M. D., Boston, Mass.; N. H. Warner, M. D., Buffalo, N. Y.; Horatio Robinson, M. D., Auburn, N. Y.; and Lewis Dodge, M. D., Cleveland, O.

The Committee, appointed by the Chairman to audit the Treasurer's account was F. Humphreys, M. D., Auburn, N. Y.; F. R. McManus, M. D., Baltimore, Md.; C. M. Dake, M. D., Geneseo, N. Y.; Geo. F. Foote, M. D., Buffalo, N. Y.; and Durfee Chase, M. D., Palmyra, N. Y., to whom the Treasurer's report was submitted, and by them found correct.

The meeting then adjourned to reassemble at three o'clock, when Samuel Gregg, M. D., the Committee on "The Nature, Pathology, and Homœopathic Treatment of Diseases of the Urinary Organs," offered a plausible and acceptable excuse for being un-

able to render a satisfactory report. The doctor said that his personal practice in the treatment of such diseases was so limited that he could not supply an original experience upon the subject, and that far superior articles than he could possibly offer had been so often published that he asked to be discharged from further duty in that line. His apology was accepted and published with the other reports.

J. P. Dake, M. D., Committee on "The Value of Clinical Experience and of Clinical Reports to Homœopathy and Its Practitioners," gave a full and wisely adaptable treatise upon this subject, which was published in the proceedings.

F. Humphreys, M. D., Chairman of the Central Bureau, presented a report, which was accepted and ordered to be printed, but failed to appear in the proceedings.

Being also Chairman of the Committee on Treasurer's Accounts, Dr. Humphreys reported upon the financial condition of the Institute, which report was filed but not published.

S. B. Barlow, M. D., Committee on "Cholera," being absent, there was no report.

The Committee on "Blisters" and on the "Translation of the Materia Medica Pura" made no reports, and were therefore discharged from further duties.

I. M. Ward, M. D., Committee on "Mechanical Supports and Bandages," was absent, and returned no report.

C. D. Williams, M. D., Committee on "Small Pox," was absent, and did not report.

A. E. Small, M. D., Committee on "Diseases of the Respiratory Organs," was also absent, and made no report.

D. Cowley, M. D., Secretary of the American Provers' Union, made a very satisfactory report of the work accomplished during the year, which was published in the proceedings.

Lyman Clary, M. D., Chairman of the Board of Censors, reported a number of physicians as fully qualified for membership, and they were elected. Their names were:

Lorenzo M. Kenyon, M. D., Westfield, N. Y.; I. W. Coman, M. D., Buffalo, N. Y.; Rollin R. Gregg, M. D., Canandaigua, N. Y.; I. J. Meachem, M. D., Nunda, N. Y.; C. A. Dake, M. D., Warsaw, N. Y.; A. R. Morgan, M. D., Syracuse, N. Y.; D. A. Baldwin, M. D., Rochester, N. Y.; George W. Lewis, M. D., Buffalo, N. Y.; A. W. Gray, M. D., Jamestown, N. Y.; Louis De V. Wilder, M. D., Geneva, N. Y.; A. B. M'Chesney, M. D.,

Quincy, Ill.; B. Finke, M. D., Brooklyn, L. I.; Hiram C. Driggs, M. D., Detroit, Mich.; and Joel Bryant, M. D., Brooklyn, L. I.

There having been some damaging reports circulated regarding the transactions carried on by Frederick Humphreys, M. D., a motion was made by Geo. F. Foote, M. D., and seconded by Dr. Humphreys, that a committee be appointed by the Chair to investigate and report concerning the rumors afloat, charging Frederick Humphreys, M. D., with irregularities in the practice of Homœopathic Medicine.

The Committee was F. R. McManus, M. D.; C. M. Dake, M. D.; and Geo. F. Foote, M. D., whose inquiry led to a full proof of Dr. Humphreys' very dishonorable and unprofessional conduct, and to his effectual conviction, through which he was expelled from the Institute. An exhaustive account of the whole proceeding was published in the Proceedings of the Institute, from which we copy the subjoined: "Your Committee are convinced that the course of practice pursued by Dr. Humphreys is at variance with the dignified professional course of honorable practitioners by the manner of his publications; and is entirely subversive of the pure, legitimate, and safe practice of the Homœopathic Healing Art, by mixing in one pill or prescription several different medicines.

Your Committee, in conclusion, feel deeply sensible of the responsibility devolving upon them in the investigation of this matter, and, after mature deliberation, recommend the adoption of an expulsory resolution."

F. R. McManus, M. D., read this report; its acceptation was followed by a preamble and resolution, which were adopted after a protracted discussion by Dr. Humphreys against Drs. Gregg, Guy, Dodge, McManus, Foote, Clary, Dake, and M'Chesney. The preamble and resolution were: "In view of the facts set forth by our committee, and from our total unwillingness to have any part in, or to give any countenance to, the undertaking of Dr. Frederick Humphreys in the manufacture and sale of his 'New Era or Specific Homœopathic Remedies,' *Resolved*, That we now expel him from our membership."

Dr. Humphreys asked the privilege of withdrawing from the Institute, to save further discussion or action. But such an action being contrary to the usages of all such societies, under similar circumstances, his request was refused, though the Institute patiently awaited the doctor's defense. In this, he claimed that

the Institute had neither Article nor By-Law authorizing the *expulsion* of a member, and that he had not departed from the *object* of the Society, which was the improvement of the Science of Medicine, and he likewise claimed that he had made *discoveries* and had found a new and better method of preparing and dispensing medicines for domestic and general use.

Samuel Gregg, M. D., contended that every society had an established right to expel a member who was discovered in acts which were detrimental to its interests, and that no medical society, with which he was ever acquainted, had ever permitted a member to retain his position after he engaged in the manufacture and sale of *nostrums* or private remedies.

S. S. Guy, M. D., contended that if Dr. Humphreys had made important discoveries, it was his duty, being a member of the Institute, to communicate his ideas to the Society and allow *all* to join in the work of improvement, instead of beginning at once to prepare privately, advertise boldly and *sell* the fruits of his boasted discoveries as all *quacks* do their *nostrums*.

J. P. Dake, M. D., said that Dr. Humphreys' style of action was not only a violation of honor between himself and all the members of the Institute, but also a violation of the Homœopathic Law upon which the Science of Medicine, as adopted by the Institute, was established. He said, that, though Dr. Humphreys acknowledged the law in words, he rendered it null and void by his methods of practice, by combining several medicines in one pill, the compound action of which on the human system he did not understand, and by indicating the disease by a name only instead of the symptoms of a diseased condition.

F. R. McManus, M. D., expressed the belief that while Dr. Humphreys' method might be a fine pecuniary speculation, it would retard instead of aiding the object for which the Society worked—the improvement of Medical Science.

Dr. Dodge made a resolution which was unanimously adopted. "That the Institute cannot view the advertising of remedies as *nostrums*, or the combining of several medicines in one prescription, in any other light than as irregular practice, and subversive of the best interests of Homœopathy, and that we will not tolerate in our membership one guilty of such practice. So ended the controversy which denied further membership to Dr. Humphreys, who preferred to hold to his unauthorized methods of dispensing his so styled Homœopathic Specifics.

On Wednesday evening at 7:30 o'clock, the assemblage to hear the address of J. H. Pulte, M. D., was so small that its delivery was postponed until Thursday evening. This state of affairs was brought about by a mistake in advertising, but the members of the Institute and their ladies, being invited by Dr. N. H. Warner to accept his hospitality, enjoyed a pleasant evening at his house, thus obtaining more than they had expected in the line of entertainment.

On Thursday morning at 9 o'clock the meeting convened with the President in the chair.

B. F. Bowers, M. D., presented a report in reference to the comparison of Allopathic and Homœopathic Treatment in the Orphan Asylums of New York, which was accepted and ordered to be printed. In the report, among other data, the doctor stated that for five consecutive years there had been no death in the Protestant Half Orphan Asylum, which was under homœopathic supervision. In four asylums, under allopathic treatment, sixty-five deaths had been reported for 1853 and 1854, a period of only two years.

A letter from Wm. Springer, M. D., Corresponding Secretary of the Provincial Homœopathic Medical Society of Canada, was received, announcing the organization of the Homœopathists of Canada into the above named society, with Dr. Fisher, of Montreal, President, and Dr. A. N. Woolverton, of Hamilton, Vice-President. The communication was printed in the Proceedings of the Institute.

A communication from William H. Ash, of New York, was ordered to be filed.

B. F. Joslin, M. D., was not present, but his very fine "Address to the Homœopathic Physicians of the United States" was read by the Secretary and printed in the transactions. In this address the doctor ably discussed the manner by which the Science of Medicine might be improved and expounded with great earnestness, the vast care that homœopathic physicians should take in watching every minutia of the effects of medicine used by them, trusting to no empiricism, but adhering faithfully to the law which governs Homœopathy, its therapeutics and its pure Science of Medicine.

On motion of Samuel S. Guy, M. D., the Secretary was instructed to have two thousand copies of this address printed for distribution among the homœopathic physicians both at home and abroad.

Samuel Gregg, M. D., read a report from the Massachusetts Homœopathic Medical Society which was accepted and printed in the transactions. In this report, W. F. Jackson, M. D., Secretary of the Society, gave an account of their very pleasant and well attended meeting in celebration of the birthday of Hahnemann, on April 10, 1855. He also mentioned the rather disheartening failure of the plan to obtain a charter for a homœopathic hospital in Boston, but spoke hopefully of anticipated success in their next attempt in the coming year.

The Hahnemann Society of Cincinnati sent a report which was printed in the proceedings. The communication announced the formation of that Society upon the anniversary of Hahnemann's birth, April 10, 1855, it being deemed a graceful tribute to the centennial anniversary of Hahnemann's natal day. The letter proposed the establishment of a Central Homœopathic Pharmacy from which physicians, from all parts of the country, should be able to procure pure drugs; and also suggested that a full list of the homœopathic physicians in the United States, Canada and the West Indies should be obtained as nearly as practicable.

J. P. Dake, M. D., offered a substitute for Article 9 of the By-Laws, which was: "There shall be a committee of three on Clinical Experience appointed annually, whose duty it shall be to receive and report at each meeting, accounts of cases treated and cured Homœopathically." This was adopted and the Chair appointed as that Committee, Samuel Gregg, M. D., of Boston, Mass.; Samuel S. Guy, M. D., of Brooklyn, L. I., and J. P. Dake, M. D., of Pittsburgh, Pa.

F. R. McManus, M. D., offered the following resolution:

That the Treasurer of the Institute be requested to furnish, at the next meeting, a list of the names of delinquent members and the sum in which each stands indebted to the Institute. This was adopted.

Lyman Clary, M. D., Chairman of the Committee on Scientific Subjects, reported:

I. M. Ward, M. D., on "The Value and Uses of Mechanical Supports, etc., in Homœopathic Practice."

N. H. Warner, M. D., on "Cholera."

Richard Gardiner, M. D., on "Small-pox."

I. T. Talbot, M. D., on "Diseases of the Respiratory Organs."

H. Robinson, M. D., on "Herpes, etc."

L. Dodge, M. D., and William A. Gardiner, M. D., on "Medical Education."

The Chair appointed Henry D. Paine, M. D., of Albany, to deliver the annual address in 1856, with D. M. Dake, M. D., of Pittsburg, as his alternate.

The thanks of the Institute were tendered to C. H. Skiff, M. D., its President, and to S. S. Guy, M. D., General Secretary, for their efficient services; to Dr. Warner and lady for their kind hospitality; to Mr. Haskins, of the "Daily Democracy," for his reports of the meetings, and to all for their fathful attendance.

The Committee of Arrangements appointed for the next meeting was J. R. Piper, M.D., and J. Green, M.D., of Washington, and F. R. McManus, M. D., of Baltimore. The Institute adjourned to meet again in Washington, D. C., on the first Wednesday in June, 1856.

On Thursday evening the members of the Institute and their friends met to listen to the postponed address prepared by J. H. Pulte, M. D., and read by Dr. Foote.

The subject was "Civilization and Its Heroes," and from beginning to end it teemed with noble thoughts.

Dr. Pulte began by speaking of Nature appearing to have perpetual life from her constant rejuvenation of herself, while the original created type and form maintained their character and beauty through the ages.

Man, however, was evanescent, a few years of life and he disappeared. When woman was given to man society began. To the intellect of man was given the moral sentiment of woman.

History, he said, had no death. Collective man as mankind accomplishes what savage or solitary man cannot do. It establishes mind over matter, causing the perishable to create the imperishable. History is thus created.

This edifice is indestructible and rests on the two pillars of Family and State, each having its own special duties.

Civilization had advanced on the two elements—the physical and the intellectual.

Among the Heroes of Civilization he named Schwartz, the discoverer of gunpowder; Guttemberg, who gave wings to matter and ubiquity to thought, by making types movable, and Luther, who stormed the Bastile of the Vatican, opened the gates and released from valueless dogmas the intellect of those so long enthralled.

Everything had been placed upon scientific principles except

Medicine, which kept in the old Galenic tracks, repeating over and over the systems of former ages.

When Samuel Hahnemann, in 1790, discovered the great law of cure, Medicine took a higher stand among the natural sciences and thenceforward became an *exact* science.

Dr. Pulte referred to the century of development of the system as one of remarkable activity, and said that Homœopathy in this *pivot century* celebrates its jubilee and enjoys brilliant expectations of truth triumphant.

He advised his brethren to follow Hahnemann's example of unceasing investigation.

Having entered the second Hahnemannian century he bid it a "heartfelt and sincere God speed."

It being the centennial year of Hahnemann's existence, the author closed his theme with a pleasing reference to the founder for the broad, noble and self-abnegating gift which he had discovered and given to the world.

The address, printed in full in the transactions of the Institute, is well worth careful perusal.

A vote of thanks was presented to Dr. Pulte, and a thousand copies were ordered to be printed for distribution to the members of the Institute.

PROGRESSIVE MUSCULAR ATROPHY.

By E. R. McIntyre, B. S., M. D., Professor of Neurology in Dunham Medical College of Chicogo.

It is not my purpose to give the profession anything new regarding either the pathology or treatment of this most formidable disease. Dr. T. F. Allen reports a case in the RECORDER for April, 1901, in which he took the diagnosis of "Eminent Specialists," and made a most brilliant cure with *Phosphorus* 7 cent. However, I am obliged to dissent from the diagnosis, notwithstanding it was made by "*eminent* specialists;" also from the parenthetical phrase by Dr. Allen—"If there be any satisfactory pathology known." There is scarcely a disease in the whole work of the neurologist whose pathology is known better. The primary lesion in progressive muscular atrophy is a gradual degeneration of the ganglion cells of the anterior horns of the gray

matter of the spinal cord. No other part of the cord is ever involved. Hence there are not and could not be sensory symptoms of any kind produced by this lesion. Since these ganglion cells in both horns are involved, and they control the nutrition of the muscles, the symptoms are always bilateral, the one side being involved but slightly in advance of the other. The first and only symptom if uncomplicated muscular atrophy is expressed in the name, slowly progressing atrophy of muscles in nerve relation to the segments of the cord involved. This is rarely noticed by the patient until weakness of the part attracts his attention.

There is never any true paralysis; but the weakness is in ratio to the destruction of muscle.

Now let us review the symptoms of the case. "Pains in right shoulder, which increased until her arm became helpless; the muscles about the shoulder and right side, chest and back, wasted so that the whole region became perceptibly emaciated, the subclavicular region especially sunken; the shoulder drooped, and if the arm were permitted to hang down, the humerus would actually slip out of its socket, often causing extra pain in the axilla and shoulder; it became impossible to put her hand to her head, so that she could not put up her hair, nor could she dress herself. The wasting and powerlessness involved at least the whole shoulder region of right side of body, pectoral, scapular and axillary regions, and the arm as far as the elbow. Soon the trouble invaded the forearm and also began to show itself in the right hip and thigh. The pain was a constant dull ache, becoming, on motion, a sharp shooting; the pain was worse at night; in a wind; in the cold; on uncovering; and when lying on the right or painful side."

There are several conditions which cause muscular atrophy, each differing materially from all the others in its clinical aspects.

Anterior polio-myelitis is bilateral, is a disease of childhood, and the atrophy is always preceded by fever and paralysis. There is no pain.

Spinal meningitis may, in some rare cases, be unilateral, but produces fever and pain *in the spine*, worse on the least twisting of the spine. Amytrophic lateral sclerosis produces contracture of the flexor muscles of the hand and wrist, resulting in the characteristic deformity of the hand; but no pain.

Progressive muscular atrophy is bilateral, while this disease was unilateral, being confined to the right side. Progressive mus-

cular atrophy is not accompanied by pain, and the atrophy in almost every case begins in the small muscles of one hand to be followed in a very short time by the same condition in like muscles of the other hand, then the deltoids, etc.

Lesions involving the peripheral nerves may be unilateral, and since sensory, motor and trophic fibres are found in the same nerve trunks we get sensory, motor and trophic symptoms in the parts supplied by the diseased nerves.

This is the only possible condition that could produce the symptom-picture presented in Dr. Allen's case if our anatomy and physiology count for anything.

Dr. Allen made a fine cure and should receive due credit therefor. But he took the other fellows diagnosis and did not cure a case of progressive muscular atrophy at all, which has not yet been cured for the very obvious reason that neither the patient nor the doctor is aware of its existence until the ganglion cells are destroyed. Man can not restore them.

My object in writing this article is to warn the profession against promising the impossible, because of carelessness regarding pathological conditions. No man has greater faith in the indicated remedy than I, but it cannot accomplish the impossible, nor is it all that is necessary to have for the treatment of many cases.

Many cases are reported that are misleading and can only result in harm. A year or two ago a doctor in Wisconsin reported a case of one of her feline patients that had been so unfortunate as to get a fish-bone lodged in its throat. The doctor proceeded to administer *Sulphur* c.m., one dose. The report said: "The bone ulcerated out, the wound healed up and haired over." Then the doctor discourses very learnedly on the action of *Sulphur* in such cases.

The question is what would have been the result if no *Sulphur* had been given? The bone would have ulcerated out, the wound healed up and haired over just as it did.

But suppose some some poor fellow sees that report, and having a bone lodged in a baby's throat tries the treatment. The baby is easier to kill than the cat; the bone would not ulcerate out, the wound heal up and hair over, but the undertaker will get the baby and the doctor who wrote the article is responsible.

MALARIOUS FEVER.

Eupatorium Perfoliatum in Dumb Ague.

By B. B. Shaha.

A native of Goldsmith class, aged 42 years, came under my treatment on 3d February last. He was suffering from this malady for a month. He was under some allopathic doctors of Calcutta, but no perceptible improvement did he find in their treatment. Next he came to me with the following symptoms:

Type—Tertian. Fever at 8 A. M.; thirst insatiable; drinking hastens chill; bone pains in extremities; throbbing headache; sweat scanty; jaundice hue of skin, etc., etc. *Eup. perf.* 3, three times a day, perfectly cured the patient in four days, and no relapse since then.

Nux Vomica and Ipecac in Malarial Fever.

Ashu, a Hindu of 28 years, was suffering from malarious fever since November last. The origin of this fever is his native land (a malarious country), where he had been for a month only, but when he was brought down to Calcutta he was suffering from fever. Several attempts were made to cure the patient, but the result was not satisfactory. He was under a Kabiraj for a month, but to no effect. He had been to some allopathic doctors, who stuffed him with *Quinine;* but the cure was only temporary, the fever used to relapse once a week. Next patent fever mixtures were tried; the result was same as before. The guardian of the patient had a firm belief that in cases of "fever" homœopathic medicines cannot do any good, and they are of no use. It is suitable in cases of bowel complaints.

Last of all he came to me in January last, and I found him in the greatest agony. Jaundiced appearance; bowel constipated; urine high colored; pains in liver and spleen; very bad taste in the mouth; everything tastes bitter; no appetite, etc.

One dose of *Ipecac* in the morning and *Nux vom.* at night cured him in a week before the eyes of his guardian and allopath doctors, who spared no pains to bring him round by means of *Quinine* and other Indian drugs. Up to date he has no relapse of the fever, and he is enjoying good health.

There will be no difficulty of my fellow brethren to understand how and why these two common medicines acted so miraculously.

Calcutta, March 7, 1891.

SOME OF THE RELATIONS OF DISEASES TO ONE ANOTHER AND TO THE BODY THEY AFFECT.

By Dr. M. R. Leverson.

Paper read before the Hahnemannian Union, March 30, 1901.

The discussion of the meeting of this Society on February 23d, an abstract of which has been read from our minutes, is suggestive of a very large field for useful study, and I propose to consider a part of one of the many aspects from which it might be discussed, viz.: "Some of the Relations of Diseases to One Another and to the Body They Affect."

Now the first thing to do in entering upon this study is to get rid of the notion that disease is an entity—a thing.

This erroneous notion is entertained almost universally by the dominant school of medicine and, I fear, to a great extent by many who deem themselves followers of the principles of Hahnemann. It is the corner-stone of the Pasteurians and obscures and obstructs the progress of the healing art. It must be abandoned before a correct appreciation of the fundamental bases of healing can be understood.

The dictum of the celebrated Dr. G. Robin, "Omne Vivum ex Vivo," is most probably true, though the question of spontaneous generation is not absolutely settled. Able men of science, and among them Dr. J. Hensel, the physiological chemist, still maintain its possibility, and the experiments of Tyndal are not, as is sometimes alleged, exhaustive and conclusive.

But the dictum of Robin, though probably true, has been extended without any warrant to cover the case of disease, under the mystical notion that disease was some way or other not only a thing, but a living thing.

Dr. Béchamp, in his thirty-first letter to Dr. Ed. Fournie (p. 424), says: "Nothing is susceptible of sickness or death except what is endowed with organization and life."

This statement is seen at once to be axiomatic and exhibits at the same time the erroneous character of the entity notion of disease; yet, upon this paralogical belief, the germ theory finds its strongest support and has caused a wide departure from the best principles of healing. I do not mean those of Hahnemann only, but even of those which prevailed among the more enlightened

physicians before the time of Hahnemann. Under the impulsion of this mysterious belief or superstition, instead of seeking to learn the causes which produce abnormal conditions, *i. e.*, disease, in the living body, skilled effort has been directed to keep away the supposed parent of the thing to which a name is given as a thing instead of a condition.

The suggestion of Dr. Baylies that certain positions mentioned by him would imply a hypothesis that all diseases are identical, modified only by the organisms through which they make themselves manifest, seems to me to be a large adumbration of the truth, but could not be true if disease was a thing. Virchow's cellular pathology was a necessary precursor to the discoveries and theories of Béchamp. Béchamp's discoveries, with which his colleague at the school of Montpelier, Prof. Estor, is inseparably connected, were first combated and denied, and afterwards impudently "appropriated" by the great appropriator, Pasteur, but were distorted by him into all sorts of incongruous statements in order to support his ill-founded theories. He and his followers have sought by every means to drown in obscurity alike the name and discoveries of those great students of nature, but, fortunately, they are being redeemed from oblivion by the labors of ardent searchers after truth and lovers of humanity. Among these, Dr. Boucher and Dr. Grasset have done most to recall attention to the labors of the Professors Béchamp and Estor and of their pupils.

In 1884, Béchamp established the fact that fermentation is an act of cell nutrition. Each cellule lives in a manner similar to a globule of yeast. Each cell modifies for its use the nutritious matters of its environment, and these modifications are due to ferments. But Béchamp and Estor demonstrated that the cell is not the *vital unit*, but is an aggregation of much smaller units which, after the disintegration of the cell, evolve into different forms, as vibrios or bacteria, to return to the unitary form, the microzyma, which has been called micrococcus by the Germans and *microbe* by the Pasteurians. The physiological unit of Spencer and the gemule of Darwin have proved useful working hypotheses, but they are theoretical units at the best, while the microzymas of Béchamp are the subjects of actual observation.

The microzymas are the ferments by means whereof the agglomeration of vital atoms of living molecular granulations, viz., the cells, receive their nutriment. They are true ferments, though, by the way, the term "ferments" is a bad one. Diges-

tion, whether massive or molecular, is a process of fermentation or, perhaps, it would be more accurate to say that the phenomena of fermentation are phenomena of nutrition. A process of fermentation goes on in a sick body as well as in a healthy one. In the former, the microzymas take on a morbid condition and may carry that condition through the air. They owe their morbific qualities to the sick body which has produced them; they are not special parasites, but are the products of the abnormal conditions. If now the air be greatly charged with these morbiforous microzymas, they may induce in the atmosphere that condition which the great Sydenham denominated "An Epidemic Constitution of the Atmosphere." Neither microzymas nor microbes are the generators or causes of disease, but they may *carry* it (a noteworthy distinction), and, when existing in the atmosphere in larger quantities than the air can cure—for pure atmosphere is the greatest of all purifiers—and are inhaled by a susceptible body, *i. e.*, one of low vitality or living in anti-hygienic conditions, disease may be thereby induced.

To this extent only do I conceive that anything in the nature of infection or contagion exists, though if morbiforous microzymas be inoculated upon an animal disease will also be generally produced thereby. But atmospheric conditions conducive to this or that condition of ill health, that is to say, Sydenham's "Epidemic Constitution of the Atmosphere," arise more frequently from telluric conditions; but as to what these conditions are we know very little more than was known in Sydenham's time. And the reason for such continued ignorance is not far to find.

Real scientific research, which ought to have been directed to the investigation of matters so important to our race, has been per force expended in laying bare the jumble of sham science which has threatened and still threatens its destruction. It has already produced a degeneration in it, in spite of immense advances in sanitary conditions in other directions; and such jumble of sham science would long since have passed into the limbo of bygone medical fads but for the enormous pecuniary interests in their maintenance which nefarious legislation has created, and by which these mad theories have been erected into a medical State creed.

Certain facts which, through the practices of vaccinists, have frequently presented themselves to the thoughtful observer strongly support the doctrine of the interchangeability of diseased

conditions, but always pursuant to some law, though that law has not yet been formulated in words.

Deceived by the cunning device of Jenner in giving to cowpox, without the slightest explanation or justification, the name of "Small-pox of the Cow," many estimable physicians concluded that cowpox *was* really small-pox of the cow, and that, *therefore*, would be protective against that disease; an assumption, by the way, which involved another superstitious belief, still vaguely held by some physicians, viz., that small-pox is auto-protective. Guided by these two superstitions, attempts were made to raise the vaccine poison by inoculating the cow with small-pox poison. The extreme difficulty which was experienced in producing any disease upon the cow with the small-pox poison ought to have been proof to the experimenters that small-pox is a disease foreign to the bovine race, and that the name of "variola vaccine" was not warranted by the facts and could have only been adopted either ignorantly or for the purpose of deception.* But only a few medical men had sufficient knowledge of pathology or of biology to appreciate the lesson so taught. Sometimes when the small-pox poison was inoculated upon the cow an ulcer was produced and, losing sight of the fact that it generally failed to produce any result, this ulcer was hailed as veritable small-pox and as establishing the identity of the two diseases. When the poison of this ulcer was inoculated directly upon human beings it produced small-pox, and several epidemics of small-pox were so produced. When, instead of using the poison from the ulcer produced by the small-pox inoculation upon the cow with which to inoculate a human being, it was used to inoculate another cow, and so on for four or five removes, the resulting ulcer, when its poison was inoculated upon a human, generally produced not small-pox but cowpox. Sometimes, however, a case of reversion analagous to atavism and resulting from the same cause† would occur, and the so-called lymph, after producing the cowpox chancre for several removes or generations, will suddenly produce small-pox. There are many instances on record of such happen-

* Dr. Crookshank, in his "History and Pathology of Vaccination," by simply and dispassionately relating the historical facts connected with the publication of Jenner's "Inquiry," has conclusively exposed the cunning fraud committed by Jenner in styling cowpox "Small-pox of the Cow."

† This cause is the persistence of the microzymas of the original cell.

ings, and doubtless many cases of small-pox, which arise in spite of good hygienic surroundings, owe their origin to the long-ago small-pox poison inoculated upon the cow. This is no more to be wondered at than any other case of reversion, for it is to be remembered that there is a good deal of evidence tending to establish as a fact that the most minute atom of the fluids of any animal contains a representative of every material part and of every quality and property of such animal; every cell is built up by its own microzymas, and when it multiplies, either by generation or by sporulation, the microzymas also persist and multiply.

The ulcer produced by inoculating cowpox upon a human being presents during only a very short period of its history any resemblance to the small-pox pustule, but in nearly all respects resembles the venereal chancre, and is followed, in a very much larger number of cases than is generally suspected, by lesions resembling those of venereal origin.

Here, then, we observe a heretofore unexpected result of inoculating a poison foreign to the animal, and then inoculating animals of the same species with the poison of the lesions produced by the first inoculation. Gradually the poison not proper to the animal produces disease in it, which takes on the form of the ulcer proper to that animal, and when this evolution is completed the poison from it, when inoculated upon man, takes on the form proper to the human race, which in the case of disease derived from the cow resembles syphilis.

A corollary from these facts is that experiments upon animals differing in species from man, performed or proposed as a guide to either human pathology or therapeutics, are more likely to be misleading than to serve any useful purpose.

In an interview, reported with unusual intelligence in the New York *Sun* of the 27th of January last, I gave what seemed to me the true interpretation of the great increase in the disease called cancer among all the vaccinating nations since the superstitious practice of inoculating bovine disease upon human beings became general. Before such a body as this I may go into more technical details than befitted an article intended for the general reader. I accept the theory of Dr. Béchamp, that each animal has all its qualities impressed upon it by its vital units, microzymas. These determine not only the nature and species and individuality of the organism they inhabit, but among other qualities determine the life period of each cell and the maturing of the individual. It is

they which give to the bovine race a period of about five years for reaching maturity, and to the human race a period of about twenty years.

When a product of the bovine organization is injected into the blood of the human, it is impossible by any art to prevent the introduction of some of the microzymas with the product, although it does not follow that they are always present.

Introduced by way of the alimentary canal, the elaborate chemico-physiological apparatus which extends along its entire length would most probably excrete whatsoever is deleterious in such product; inoculated directly into the human body, its organized defences have no chance to protect him. Hence the absolutely unscientific character generally pernicious in their effects of hypodermic injections.

The microzymas of the cow may find in the human body a fertile medium for multiplication, and they may impress upon the cells they form in the human body the rapid cell growth of the bovine race instead of that of the human. Cancer consists essentially in abnormal rapid cellular growth. Hence the fact which can not be questioned of the increase of cancer among the vaccinating nations receives here its logical and rational explanation in accordance with the most profound discoveries of modern biology and pathology.

The new disease, osteo-megalacia, which has come into existence only among the vaccinated, and whereof I mentioned a case in the interview before referred to, furnishes further evidence to the same effect.

Returning now to the question of infection, the position I have endeavored to establish receives strong support in the testimony of one of the most accurate and clear-minded of medical observers—Florence Nightingale. She said: * "Is it not living in a continual mistake to look upon disease as we do as separate entities which must exist, like cats and dogs; instead of look-

* Notes on Nursing, pp. 46–47. This admirable little work, first read by me some forty years ago, long before I dreamed of taking up the study of medicine, must have left dormant in my mind the idea that disease is not an entity but a condition, which idea sprang up, as I thought, a discovery of my own, shortly after I took up the study of pathalogy. I rejoice to pay this tribute to one of the greatest of physicians, even though not decked with the title of Doctor of Medicine—Florence Nightingale, who, under the tyrannical laws of New York, and of many other States of the Union, would be fined or sent to jail if she presumed to heal the sick!

ing upon them as conditions, like a dirty and a clean condition, and just as much under our own control; or rather as the reactions of a kindly nature against the conditions in which we have placed ourselves? I was brought up, both by scientific men and ignorant women, distinctly to believe that small-pox, for instance, was a thing of which there was once a first specimen in the world, which went on propagating itself in a perpetual chain of descent just as much as there was a first dog (or a first pair of dogs); and that small-pox would not begin itself any more than a new dog would begin without there having been a parent dog. Since then I have seen with my eyes and smelt with my nose small-pox growing up in first specimens, either in close rooms or in overcrowded wards where it could not by any possibility have been "caught" but must have begun. Nay, more, I have seen diseases begin, grow up and pass into one another. Now dogs do not pass into cats. I have seen, for instance, with a little overcrowding, continued fever grow up; and with a little more crowding, typhoid fever; and with a little more, typhus, and all in the same ward or hut."

A really striking illustration of diseased conditions passing into one another is furnished by the common history of pleurisies and pneumonias. We are so much the slaves of words that because the so-called stages of pleurisy and pneumonia are all called pleurisy or pneumonia respectively, we fail to note that each stage is really more distinctly a separate disease, if diseases are to be distinguished by names, than are small-pox, scarlet fever and typhoid fever.

Another testimony against the specificness of diseases is furnished by the beautiful experiments of Duclaux, the history of which furnishes at the same time a striking illustration of how a man of science, producing by a masterly processus a decisive result, may, through a dominating prejudice, wholly fail to read the lesson taught by his own experiments.

Duclaux cultivated the fungus *penicillum glaucum* in three different culture media and in each obtained different products. In one he obtained a ferment which had the property of inverting sugar; in the second, a ferment which inverted sugar and saccharized starch; and in the third, a ferment which first coagulated milk and then dissolved the coagulum, that is to say, the same fungus produced invertine in one medium, invertine and diastase in another, and rennet and trypsine in a third.

It has happened that newspapers purporting to quote me have represented me as saying that cowpox is syphilis. They have misquoted me therein. Cowpox, when inoculated upon the human, produces lesions strikingly like those of syphilis, especially in its secondary symptoms; these resemble the lesions of syphilis so closely that the most skilled syphilographers and specialists have been unable to detect the difference. How closely they resemble one another can be seen at a glance from my pathological table of small-pox, cowpox, and great-pox or syphilis, which has now been before the profession for over five years, and even forced upon the notice of boards of health and other vaccinal authorities, and has never been gainsaid; yet I recognize a difference between cox-pow syphilis and venereal-syphilis, and one difference is this, that both from study of the literature and from some experience I believe cowpox-syphilis can generally be cured the more easily of the two if taken in an early stage. On the other hand, there are not infrequent cases of cowpox-foudroyante which do not occur in venereal-syphilis (I will refer to these again presently), as also some forms of frightful lesions of blood poisoning the like whereof are more rarely seen in the latter disease.

I suppose we have all of us often read among the various excuses given by the official vaccinists for vaccinal disasters, that "Oh! it could not have been the virus that was at fault, because so many other persons were inoculated with it and it did them no harm;" and the newspaper editors publish this as a satisfactory exoneration, and will permit no demonstration of the error to be published in the press. Duclaux's experiments above briefly quoted conclusively prove the absurdity of this pretense. The doctors who put it forward are either aware of its absurdity or are disgracefully ignorant of the fundamental principles of physiology, of biology, of pathology, and even of their own sham science of bacteriology. Can they possibly be ignorant of the vast difference between the action of a mineral poison, in the use of which their excuse would have some little weight, and that of an organic poison, especially of the class of ferments, which may find in *one* person a medium in which the organic poison can not thrive, and in another, to all appearance similar, the most fertile of culture media? Further, are they so ignorant of even the technique of their shameful art as not to know that among one hundred points or tubes envenomed from the same source *no two will carry the*

same amount or quality of poison, but that either may vary from absolute sterility to a lethal dose?

Illustrations in support of these plain biological and pathological facts are innumerable. I take the following as the first that comes to my hand:

Dr. Thomas Skinner vaccinated a young lady of 15 years at her father's request. The father was chaplain of the female orphan asylum at Liverpool, England. Together they selected for vaccinifer a young girl who was the picture of health, whose vaccine vesicle was as perfect in appearance as it was possible to conceive. On the 8th day he took the "lymph" in a capillary glass tube, almost filling the tube with the clear transparent lymph, and revaccinated the young lady, and at the same time revaccinated the mother and the cook *from the same tube*. Before opening the tube he held it up to the light and requested the mother to observe how perfectly clear and homogeneous, like water, the lymph was. All three operations were "successful" (as that term is employed by vaccinal authorities), and on the eighth day all three vesicles were matured "like a pearl upon a rose," as Jenner describes a perfect vesicle should be. All went well until between the tenth and eleventh days after the vaccination, that is, about three days after the vesicle had matured and begun to scab over, the young lady was seized with a most violent rigor, such as generally ushers in surgical or puerperal fever. After eight days of frightful sufferings she died, and within twenty minutes after death decomposition set in, and within two hours so great was the bloated and discolored condition of the head and face (and indeed of the whole body) that there was not a feature recognizable! The vaccinifer, as also the mother and the cook vaccinated from the same tube, remained healthy.*

There are certain facts disclosed to us by microscopical investigation which the physicians of the microscope especially ought to be able to appreciate, but which from their unfortunate prejudices they are unable to interpret.

The blood itself has been found to contain organisms belonging to the class of ferments, glycolitic, inverting, diastatic, amylitic, coagulating, anti-coagulating, etc., but *differing for each species of animal.* Hence, when the serum of one animal, be it cow or horse or sheep or goat, is injected in ever so minute a quantity into the

*Royal (British) Commission on Vaccination, Sixth Report, pp. 128–9, 220, 766.

blood of an animal of a different species the gravest consequences may be expected; and the thing to be surprised at is, not that so many fatal disasters have followed the seropathic craze of to-day, but that they are so few!

Although the dose injected is generally almost infinitely small, if it contain, as it generally does, a ferment proper to the vaccinifer, and this animal is of a different species to the vaccinee, and the more particularly so when, as is nearly always the case, such ferment is pathogenic even to the vaccinifer, being obtained from an animal made sick for the purpose, such ferment may multiply in the blood and may overpower the resistance which the proper ferments of the vaccinee may offer to its toxicity.

It is probable that the resistance offered by the proper ferments of our blood to these toxic ferments and to their toxines, or "ptomaines" as the bacteriologic fadist term them, and the sifting function of the glandular system, a function in great part performed by its ferments, have been the main preservatives of the vaccinating nations from annihilation through the universal blood-poisoning to which they have subjected themselves for generation after generation for now more than one hundred years. But as the time comes with both the arsenic eater and the opium consumer, when the poisons accumulated within them produce their cumulative effects, so with those races who for generation after generation suffer organic poisons to be injected into them, the cumulative effects of this malpractice will surely at last overwhelm them.

I have referred to cowpox-foudroyante as sometimes occurring in victims of vaccination. Perhaps a better name would be seropath foudroyante, because it occurs also in other animal inoculations. I consider the explanation of these cases to be as follows: By the action of the foreign ferments, hydrocyanic acid, or the nearly equally poisonous coniine is suddenly produced. Coniine may be formed by the withdrawal, by means of the ferments of the vaccine matter, of the constituents of water from the partially oxidized hydrocarbons of gelatine and ammonia which exist in the body at all times; but more frequently, I take the action to be that the foreign ferment sets free from their compounds carbon, nitrogen and hydrogen, always present in all parts of the body, which, coming together at the moment of such liberation, *i. e.*, in what is termed the nascent state, at once form hydrocyanic acid, thus illustrating the enormous danger of rashly

dealing with the unknown. As it is now evident that this danger affects the lives of human beings and the vitality of the race, ought not the ignorance of those who recklessly gamble therewith be regarded as criminal, and even made so by law?

Seropath foudryante may also result from the inoculated poison passing directly into the circulation and causing a clot on reaching the heart, instead of being arrested by the glandular system as it no doubt generally is. It is to be remembered that the advocates of serum inoculation insist that prophylaxis is produced by the vaccine or other virus acting upon the blood, producing therein a *mobid condition* (this is their own expression), which renders the blood no longer a fit pabulum for the poison of the disease intended to be guarded against.

They also insist that notwithstanding the "morbid condition of the blood," thus induced, no harm is done to the patient.

Let the honesty of this assertion be tested. Let the Legislature prescribe that no person shall hereafter perform the operation of inoculating any organic virus without a special license to be granted only after the applicant for the same has had injected into a capital vein (the median-basilic for instance) the largest dose employed for prophylactic purposes!

More than five years ago, Dr. Boucher, of St. Servans, France, *foretold* the advent of the Bubonic plague as a direct consequence of the long continued practice of vaccination. I was not aware of this prediction when, over three years ago, I foretold the coming of a disastrous epidemic among the vaccinating nations, the exact nature of which I did not venture to predict, but said that most probably it would be of the nature of the Bubonic plague and my reasons for this prediction were precisely the same as those which I afterwards found had led Dr. Boucher to make his more positive prediction.

The history of the Bubonic plague in the past teaches that it is erratic in its march and markedly slow. Except to the extent mentioned above as to all so-called infectious and contagious diseases, there is no evidence to show that it is either infectious or contagious; quarantine will no more keep it out than Mrs. Partington could keep out the Atlantic Ocean with her broom. When the teiluric conditions are ripe for the Bubonic plague to strike us, it will do so without regard to quarantine because the vaccination of vast numbers of people for generation upon generation has provided a vast number of persons more or less susceptible to it.

Is it yet possible to sound the alarm and arouse the people to sweep away the blood poisoning quacks, and, by proper hygienic precautions, moderate, though it may not longer be in our power wholly to avert, the impending disaster?

A MEDICAL REVIEW.

By T. C. Duncan, M. D.

With the close of the medical colleges comes a feeling of interest in the young graduates. Physicians of fifteen or twenty years' practice, many of whom graduated after an attendance upon two courses of lectures, are wondering how much better informed are those of to-day who have taken four courses. The feeling that the young graduate is better informed than the old physician is widespread, but while this may be true as to some branches this is also true, that the young graduate looks with great respect upon "the years of experience of the old doctor," who has been in the battle with disease and earned a reputation among the people. Cannot these two be mutually helpful?

The young graduate should seek to ally himself with the old physician, with the idea of learning more of the art of healing, while at the same time he imparts to the old physician what is new in the science of medicine. The young physician should remember that the old practitioner is sensitive, and therefore should not display egotism. The right kind of partnership will soon make both better informed and more efficient.

Many practitioners would be better informed if they knew just what books to purchase. Read and you will know. The text-books selected by the various medical colleges should be in the library of every physician, or the salient facts in his head ready for use. There are, however, some of the branches of medicine best learned by observation; so while the wise physician will try to keep abreast of the times by reading the recent books and best journals, he will get away part of every year and see what is going on in the medical world. Medical gatherings can be very helpful in more ways than one. He can exchange experiences and get help for cases that he cannot call counsel for. At the great medical centres, New York, Philadelphia, Chicago, etc., post-graduate courses are available for the wide awake-physician. He may install the young graduate in charge of his practice and

get away for two, three or four weeks, and in that time brush up along many lines. The relief from practice will give a rest that will be also beneficial. "Good physicians, like good men, are scarce," and the best need this sort of recreation and medical rejuvenation.

Those physicians adjacent to Chicago should know that there are here several post-graduate schools running all the time. At Cook county, our large city charity hospital, there are clinics all the week, from 8 A M. Monday to 10 P. M. Saturday, besides post mortems. The ticket for all this is $5.00. Monday, P. M., and Thursday are the homœopathic days. Wednesday, P. M., is the eclectic day, while much may be learned on the other days in the way of diagnosis and surgery. Some of the medical colleges are in continuous session, and most of the clinicians in the various colleges keep up their clinics all the year, where physicians are welcome always. May and June are good vacation months for physicians.

INDEX TO HOMŒOPATHIC PROVINGS.

By Thomas Lindsley Bradford, M. D., Author of "Life of Hahnemann," "Homœopathic Bibliography," "Pioneers of Homœopathy," Etc., Etc. Philadelphia: Boericke & Tafel. 1901.

One looks at this comely volume of three hundred and five pages with something of surprise. Here is, at least, one homœopathic worker who has not bowed the knee to Baal; him the combination tablet and the antikamnia bedevilment do not beguile. In the quiet of his library he searches the records to trace the genealogy of our PROVINGS —*Cui bono?*

Well, the patient compiler of this "Index" has, it seems, an old-fashioned conviction. He writes: "In this age of fantastic pharmaceutical compounds let us not forget that the cure is made easier and more complete by the selection of the simillimum according to the directions laid down by Hahnemann than by floundering about with empirical doses of chemical extracts given according to eclectic fancy and not by the certain law our school possesses, the Law of Similia." He actually signs his name to such an old-fashioned sentiment as this. However, there is no telling what a man with a conviction will not do, and our author's

is a conviction that has taken deep root. What else could sustain a man throughout the vast labor of tracing the record of some eight hundred and fifty remedies that are to be found in the wilderness of our century-old literature?

If there is any chimerical endeavor it is to try and prepare a perfect bibliography; approaches thereto are all that are permitted the most faithful scholar. Edition after edition may be issued, "enlarged and corrected," but still the last word remains to be said. Dr. Bradford has proven no exception to the infrangible rule governing works of this class; perhaps the wonder is that in so extremely extensive a field of labor he should have done as he has.

Not the least of his labor has been the collecting of the material. This of itself is enough to give one the headache as he examines the completed volume. But while this was the longer task, it was little compared with the dreary drudgery of reading the proof. Every reference must be correctly given, not an iota overlooked. No one but the compiler of a bibliography can appreciate the wearing nature of this part of Dr. Bradford's work. Surely nothing but a rooted conviction has sustained him during this labor of love, nothing but a CONVICTION (capitals are used for the benefit of purblind homœopathists; a good sight of the word may lead them to the dictionary to find out what it means), nothing but a conviction could have incited him to do this labor. Fame? The few that will use his "Index" can with their united breath make but a feeble "toot" on that celebrated trumpet. The "fame" that will surely come to the unaspiring compiler is not to be his reward during his life. When Homœopathy shall have passed through the trial that is awaiting it to-day, when the flesh pots of Egypt shall have lost their savor, the remnant—which is the safeguard of every truth—will award to the faithful workman his chaplet. Sufficient for him to-day is the knowledge that he has done his duty.

To the scurvy multitude who are homœopaths "for revenue only" this reviewer has nothing to say; but to those who in their hearts believe that Homœopathy has in it "the healing of the nations," he would declare that for the furtherance of a proper study of our Materia Medica this book is an indispensable aid. There are practitioners of Homœopathy who have passed beyond the nursing-bottle period; they are strong enough to do without "predigested" food. The *resumé* no longer suffices for

them, they must trace the "provings" to their source; and, indeed, it is with "provings," as old Weller said it was with sausages: "It's all werry well, Sammy, ven you knows the man wot makes 'em." There is a difference in deacons and every whit as much in doctors, yet in our "school" every one who has a mouth and a pervious œsophagus feels himself qualified to make a "proving." Provings and children are somewhat alike, in that both are made with fearful facility, and, alas! with "provings;" as with children, there are bastards innumerable. But "ven you knows the man vot makes 'em," it is easy to discard the "chance child" for the one begotten between lawful sheets.

In this compendious "Index" Bradford has included all, but it will be no task to put the bar sinister where it belongs with the "Index" as a guide. Brand the bastards lest they defraud the well-born of their inheritance.

There is one feature of this volume which should startle many an homœopathic practitioner; the record contained therein of what many have done, and of what a vastly greater many have not done. Compare the labors as a prover of Hering with the do-nothingness of Gray. Hering died far from rich; Gray left a liberal fortune. He took nothing into the grave with him; his influence ended with his life, but Hering is a living force for good that defies even the great conqueror, Death.

> "Only the actions of the just
> Smell sweet and blossom in the dust."

Of course, this "Index" will find a place in the library of every homœopathic college; where else it will find a lodgment—amongst the ten thousand homœopathic physicians of these United States—it were hard to say But when it is found on the shelves of a practitioner one may be assured that its owner is not a hireling, but one who honors his calling, and has in grateful remembrance those workmen whose labors are the foundation stones of the fabric that shall last so long as the children of men are subject to disease.

S. A. J.

Ann Arbor, April 10th.

AMERICAN INSTITUTE ANNOUNCEMENT.

The Programme.

Editor HOMŒOPATHIC RECORDER.

The Executive Committee beg to announce to the members of the Institute and the profession generally the following important notice as to railroad arrangements and the programme or entertainment offered to the Institute and its guests by the citizens of Richfield Springs:

The usual fare and one-third rate for the round trip, on the certificate plan, has been granted by all the roads.

Arrangements have also been made whereby all members coming from the western country via Buffalo can stop over at the Pan-American Exposition for ten days on any kind or character of ticket, providing said ticket is deposited with joint agent, No. 50 Exchange street, Buffalo, and the payment of $1.00 made.

For those who come from the eastern country the New York Central, West Shore and Lackawanna will make an amicable arrangement that will grant our members a sufficient stop-over at Binghamton or Utica, at which points they can procure regular excursion tickets to Buffalo and return. This will allow members from the east to attend the exposition at a very slight additional expense.

Through parlor cars will be run direct to Richfield Springs from both the east and the west. The Delaware and Lackawanna Road will put on its summer schedule of trains for the session of the Institute, which provides close connections at both Utica and Binghamton.

The Entertainment Committee and the citizens of Richfield Springs offer the following unusually fine social programme, which has been so arranged as not to interfere with the work of the Institute:

Saturday, June 15th.

Open Air Concert, Richfield Springs Military Band, 3:30 P. M.

Sunday, June 16th.

Sacred Vocal and Instrumental Concert in the Darlington Hotel Parlors, 8:30 P. M.

Monday, June 17th.

Open Air Concert, Richfield Springs Military Band, 3:30 P. M.

Tuesday, June 18th.

Open Air Concert, Richfield Springs Military Band, 3:30 P. M.

Grand Ball, Hotel Earlington, tendered to the Institute and its guests by Messrs. E. M. Earle & Son, 10 P. M.

Supper, 12 M.

Wednesday, June 19th.

Drive over magnificent mountain roads to Lake Otsego, the famous "Glimmerglass" of Fenimore Cooper; sail over the lake to Cooperstown, his home; luncheon in Cooperstown, drive home to Richfield along the shores of Lake Otsego, reaching Hotel Earlington about 5 P. M.

N. B.—Each day the ladies of the Institute are invited by the citizens of Richfield Springs to take this delightful excursion to Cooperstown and return.

Music in the parlors Hotel Earlington, 11 A. M.

Open air concert in Earlington Park, 4 P. M.

Reception at the Waiontha Golf Club, 4 to 6 P. M., by the President, Mr. T. R. Proctor.

Progressive euchre party, tendered by Messrs. Earl & Son, in the Earlington parlors, 9:30 P. M.

Thursday, June 20th.

Drive to Cooperstown and return (same as Wednesday), 10 A. M., 5 P. M.

Music in the parlors Earlington, 11 A. M.

Open air concert, 4 P. M.

Musicale in the parlors of Hotel Earlington, 9:30 P. M.

Friday, June 21st.

Drive to Cooperstown and return (same as Wednesday), 10 A. M., 5 P. M.

Music in parlors Earlington, 11 A. M.

Open air concert, 4 P. M.

Grand complimentary vaudeville entertainment tendered to the Institute and their guests by the Entertainment Committee and citizens of Richfield Springs. (It will be the endeavor of the committee in charge of this entertainment to procure in New York for this performance, only the very best available talent and no expense will be spared to make this vaudeville performance one of the highest class.)

Saturday, June 22d.

Music in Hotel Earlington parlors, 11 A. M.

At 2 P. M. at the Lake House, on Canadargo Lake, a Clambake tendered by the Entertainment Committee and the citizens of Richfield Springs. Music by the Richfield Springs Military Band.

The citizens of Richfield Springs announce it as their purpose to make every member of the Institute pleased with their visit. They do this as an advertisement of their health resort, and the committee feel assured that the session of 1901 will be the most pleasant one in the history of the Institute.

A. B. NORTON, M. D.,
President.

E. H. PORTER, M. A., M. D.,
Secretary.

AMBLYOPIA FROM THE USE OF WOOD ALCOHOL.

By Edward Jackson, A. M., M. D., Denver, Col.

(The following from *Denver Medical Times*, April 1, is very important in the light of the homœopathic law.—Editor of HOMŒOPATHIC RECORDER.)

The following case illustrates a condition that is becoming sufficiently common to be of considerably practical importance. On account of the deceptive improvement that characterizes it, and the bad prognosis as to the ultimate result, unless possibly it be treated at a very early stage, it should be immediately recognized by any practitioner to whose notice it may be brought.

Corporal J., colored, aged 30, about to be dismissed from the service for blindness, was referred to me by Colonel Lippincott. He came with a history of poisoning by wood alcohol, several months previously. He was unconscious for forty-eight hours, and upon the return of consciousness found himself entirely blind. In three days he began to see a little, and vision progressively improved until at times it was quite good. But in two or three weeks it began to fail again, and has gradually grown worse until he has reached his present condition. He can now count fingers at three feet with his right eye, within a contracted

field. While in the left eye it is somewhat doubtful if he has perception of light. The pupils react to light, the right quite slowly, the left very slowly. The ophthalmoscope shows the optic disc opaque, the retinal vessels rather contracted, the right disc pale, the left quite white. In short, the appearances are those of optic atrophy, probably consecutive to a neutritis.

Since methyl or wood alcohol is not subjected to the same tax, it can be bought for one-half the price of ethyl alcohol. This has led of late years to its extensive employment in the arts; and to its surreptitious use in place of ethyl alcohol, in the manufacture of cheap "essences," and as an intoxicant. On this account cases of poisoning by wood alcohol are liable to be encountered by any one. A good many deaths have been caused by it. Generally the intoxication ends in particularly violent gastro-intestinal disturbance. And during this stage the sight becomes affected and rapidly grows worse, until the patient is practically or completely blind. But several cases have given the same history as the one reported above, of awakening from a debauch entirely blind. Whatever the manner of onset, this complete blindness is followed by partial recovery of vision; and the patient and his medical attendant, if not forewarned, naturally indulge the hope that the recovery will be complete. But of all the reported cases, which now number over twenty-five, complete recovery has occurred in but two.

Usually, the poisoning has been due to the drinking of the wood alcohol as an intoxicant; but it may occur from exposure to the fumes. Thus Colburn reported a case, in which the failure of vision followed the using of wood alcohol in a closed room to clean old furniture. Patillo reports two cases in men exposed to the fumes while engaged in shellacing the inside of beer vats. Death has even occurred from exposure to the fumes among workmen engaged in its manufacture.

In 1897 A. G. Thomson reported a case of similar amblyopia, which I saw with him, that followed the drinking of "essence of Jamaica ginger." Two years later Hiram Woods reported six cases in which the blindness was ascribed to the same cause. Other cases have been since reported. In all these cases both the general symptoms and the amblyopia have been similar to those produced by wood alcohol. This resemblance I pointed out a year ago. (Progressive Medicine, June, 1900.) Additional cases, due to drinking "essence" of Jamaica ginger, have since been

reported; and H. Harlan, of Baltimore, was able to get samples of the essence that caused blindness in two cases.

These samples he had analyzed (Ophthalmic Record, February, 1901), and found that the preparation was really quite deficient in ginger; but that the menstrum employed showed the behavior, boiling point and reactions, of a mixture, 1 part ethylic and 3 parts methylic alcohol, Mr. Hynson, who had made the analysis for Dr. Harlan, remarks of such "essences:" "Acquanintace with the value of the ingredients entering into the pharmacopea preparations; and a knowledge of the prices at which these products are sold to grocers and country merchants would prejudice the case in the mind of any competent business man."

This special brand of essence of Jamaica ginger, which contained wood alcohol, was made in Baltimore. And it is a curious fact, that all the cases of Jamaica ginger amblyopia have been reported from a territory in which a cheap essence made in Baltitimore would be most likely to be sold. Thus eight cases were reported by Woods and Harlan in Baltimore; two by Dunn, of Richmond, Va.; one by Thomson, at Philadelphia; and one by Stieren, at Pittsburg. It looks as if the wood alcohol essence might all have come from a single source.

But the reduction in cost of 50 per cent. in the ingredients used is too tempting an opportunity to be long neglected. Especially since such an essence used for its ostensible purpose would not be likely to cause symptoms of wood alcohol poisoning. As a flavoring essence or a domestic remedy it is likely to be used by the teaspoonful. Thomson's patient thought he had taken a quart or more. Stieren's had drunk a dozen bottles before noon of the day he was affected. Still these poisonings are very largely a matter of idiosyncracy. Patillo's cases, above referred to, were working together. One became blind on the sixth day. The other worked and continued unaffected for two weeks. The possibility of such poisoning and the amblyopia which may arise from it should be borne in mind, even though the amount of wood alcohol ingested be very much less than was taken in some of these cases.

The diagnosis of this form of amblyopia ought not to be very difficult. The fact that it comes on suddenly and affects both eyes, rules out most of the common causes of blindness, even though no history of previous intoxication can be obtained. Where it arises from exposure to the fumes, such history might

be quite lacking. The conditions that would need to be excluded with especial care are uræmic blindness, which would always be attended with other evidences of kidney disease; hereditary optic neuritis, which is usually slower of onset and affects one eye before the other; and other forms of toxic amblyopia.

The amblyopia due to *Quinine* or *Salicylic acid* is as sudden in onset and always affects both eyes. But the history of use of one of these drugs is readily obtained; and the comparatively good central vision in connection with the great narrowing of the visual field differs essentially from the condition found in wood alcohol amblyopia. In the amblyopia caused by tobacco, iodoform, or ordinary ethylic alcohol, there is a central scotoma and little or no narrowing of the field of vision. Lead poisoning sometimes causes a similar impairment of vision, but generally more slowly.

The treatment employed in these cases has usually proven of no value. But most of them have been seen at a comparatively late stage. Kuhnt's case was seen three days after the onset of the blindness. And Stieren saw his patient three hours after he awakened from his drunken stupor, to find himself absolutely blind. In this latter case, three hot foot-baths and 20 grains each of calomel and compound jalap powder in divided doses, and two hypodermic injections of 1-8 grain of *Pilocarpin hydrochlorate*, were given during the first night. Next morning the patient could count fingers at ten inches. Then for two days the pilocarpin was given at intervals of six hours and a grain of *Calomel* every two hours. After that 20 grain doses of *Potassium iodide* were substituted. By the fifth day vision had again become normal.

In Kuhnt's case, which also made a complete recovery, warm baths, hot drinks, pilocarpin injections, and, later, *Potassium iodide* were also employed. Probably an early resort to measures of this kind would cure a good many cases. But a faithful trial of such remedies at a later stage has produced little or no improvement. After symptoms of optic atrophy appear—the visual treatment for that condition will do as much as anythiug to limit the blindness. Much recovery of vision at this stage is scarcely to be hoped for.

One sniff of Hamamelis extract will, as a rule, instantly stop nose-bleed.

MORE TUBERCULIN CASES.

By Dr. Mau, of Kiel.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, March, 1901.

I. There are cases where the patient is not properly suffering from consumption, but is only burdened with phthisical conditions. Though vigorous and well nourished, such persons show something of phthisical constitution, and later in life they are apt to be seized by diabetes or by consumption itself. Such a case came to my office in the spring of 1890 from one of the provinces, the gentleman in question being of vigorous, tall and well-developed appearance. His mother had died of consumption while still young, and his only sister bid fair to speedily follow her. In cold weather he easily succumbs to pneumonia, and, therefore, travels from one sanitarium to another to escape the cold. There is much cough and expectoration. As his father had died of pneumonia and his mother of consumption, he was naturally much concerned about his condition. He perspired a good deal and consumed much fluid, partly alcoholic, nourishment. His sleep was poor and he had a fever which was almost constant. Three months' treatment with *Tuberculin* almost made a new man of him. He now sleeps well; the glandular swellings have disappeared; the temperature is normal; there is no cough, nor expectoration, and his tissues contain much less water; *i. e.*, he does not appear quite so corpulent and large, but is on the other hand much more vigorous and healthy.

II. The second case so much resembles the first that I need only sketch it. The same inherited constitution and tendency to pneumonias, the same hydrogenoid constitution, cough, expectoration, perspiration, thirst and sleepless nights. But *no* fever.

The treatment was a mixed one. The *Tuberculin* had not the same effect on this man as in the former case, but he also became more thin and slender *without* losing in weight. From this I conclude that he actually gained in vigor and that there was only a diminution of the excess of water in his tissues. The treatment was considerably assisted by the use of *Pulsatilla*, *Spir. glandium quercus* and *Acetum lobeliæ*; and when I lately met him and asked him about his condition, he answered: "Excellent!"

III. A young lady of nineteen came under my treatment in

July, 1889. She had many flushes of heat, accompanied with hectic redness, dyspnœa and a short cough; on the neck were cicatrices of glandular swellings which had been scratched out; there was a dingy brown complexion, a coarse rattling in both the lungs; on the left side of the neck there was a large gland *soft* to the touch; the heart presented a pronounced murmur, in addition to the flushes mentioned before. On July 12, I prescribed *Iodoform* 3. After two months there was considerable improvement and increase in weight, but no diminution in the flushes of heat. *Tuberculin* 100 and later on 200 was followed by a complete cure.

IV. On September 9th, 1889, a young merchant came to me exhibiting plainly the phthisical type. Both his parents had died of consumption. He had been treated by nine physicians and had also been treated for a considerable time in a hospital.

There were severe piles, constipation and brown discoloration of the skin of the abdomen. His figure was long and slim and he had a long neck and a decided stoop forward. Three months' treatment with *Tuberculin*, then *Thuja* on account of vaccinosis (chronic poisoning from vaccination), and *Hydrastis canadensis* effected a complete cure.

V. A little child was brought to me in a state of extreme emaciation, and also on account of chronic diarrhœa. All the glands were perceptibly and visibly swollen. Doubtless the mesenteric glands were the main seat of the disease and the cause of the diarrhœa. *Elaterium* 3, *Iod.* 2 and *Thuja* 30 made a visible improvement, but the diarrhœa had not quite disappeared and there were profuse sweats. After one month's treatment with *Tuberculinum* the child was much improved in its general health, and the diarrhœa and perspiration had ceased. I gave *Calcarea phosphor.* 3 for two or three months and could then dismiss the child as cured.

VI. A distinguished author well known in theological circles, over fifty years of age, came to me in 1889 on account of dreadful pains in the head, almost total insomnia, and great debility. His brothers and sisters had mostly died of dropsy of the brain, and he himself is suffering from a congestion on the right lung, probably due to cavities that have healed up, for he has repeatedly suffered from hæmoptæ. After a lengthened treatment and some time spent in the South, he had been dismissed as cured of consumption. But now it was generally apprehended that he would have softening of the brain, and would lose his reason.

He described his headache as being attended with a sensation as if his brain was being tightly squeezed together with an iron ring. His hands were tremulous, but he was most uneasy from a sensation on his back as if his clothes were moist.

It may seem hardly credible, but in less than a month the headache had gone, the morbid sensation in the back had vanished, and his sleep now is excellent. As a matter of precaution, I gave him a few additional powders of *Tuberculin*.

VII. An anxious mother brought me her child, who was a year and three months old and of a peevish, irritable, and taciturn disposition. There was constipation, and the child would scream out in his sleep, and was very restless at night. His little sister had died when two and a half years old of tuberculous inflammation of the brain, and her disease had begun in the same way. I first gave him *Thuja*, and this was followed by amelioration, but the child was not yet cured. I then gave him *Tuberculin* 100, after which he first became "fearfully sick," but soon after that he improved. This was followed by *Calcarea phosphorica* 3, and he appeared cured. About three months later he had a slight relapse, for which I gave *Tuberculin* 200. He recovered, and is now prospering.

VIII. I was consulted last summer by a merchant from London, twenty-eight years of age. He was in the first stage of consumption. His mother had died from the same disease, and his brother is now in the last stage of consumpton. He had an eruption on the skin above the larynx, and his state was so low that I commenced his treatment with *Zincum acet.* This remedy cured the eruption. A further examination showed a very dark complexion, and he had long suffered from chronic diarrhœa. There was humid rattling all over the chest and much expectoration. *Iris versicolor* cured the diarrhœa, but the profuse expectoration continued. He had before this been operated for a fistula. After two months' treatment with *Tuberculin* he was cured, and had gained considerably in weight. The cure was complete, and he has now married with my sanction.

P. S.—He is at present well, and his wife has presented him with a healthy bouncing boy.

IX. A married gentleman, thirty years old, consulted me on account of an affection of his right knee. Some thirteen years ago a horse had kicked him on the knee, which remained swollen and pained him at intervals ever since. He had been in a hos-

pital in London, where they wanted to operate on him. But one of his acquaintances persuaded him to consult me, as being averse to operating. The physicians considered an operation to be urgently called for, as they considered the affection to be tuberculous. This was no doubt quite correct, since some of his brothers and sisters, ten out of fifteen, had died of consumption, and he himself had already suffered from hæmoptœ and exhausting sweats.

Two months' treatment with *Tuberculin* restored him, though the last of the swelling on the knee only disappeared after *Bellis perennis*, which he took for a month.

X. Miss W., aged twenty-six, consulted me on July 17, 1891. Her whole family was consumptive. One sister had suffered from melancholia, and had ended her life by suicide. For ten years the patient had been suffering from herpes on the right eye, on the right cheek, and on the nose. Her face was extremely disfigured. She received *Tuberculin* 200, on July 24th. The nose began to improve. In the throat there appeared a small perforation of the soft palate near the uvula. She had felt a soreness there for the last few days, though she had never before had any trouble there. A small tuberculous nodule must have been seated there, which was made to break open by the *Tuberculinum*.

September 1st. She is much improved. She received *Tuberlin* 1000.

October 9th. The face is improving, though at times of a deep red. *Tuberculin* 200.

November 14th. The nose is improving slowly.

January 5, 1892. Better, the nose is less red. *Tuberculin* 1000.

March 4th. The face very much improved. She has had influenza, and her feet and legs remained swollen for some time. The physician who treated her said that she was suffering from chronic nephritis; that the homœopathic medicine had driven the lupus in and that it had fallen upon the kidneys. But since the same authority had before that pronounced the lupus to be incurable, I felt inclined to doubt his diagnosis. I examined the urine, and at the first examination I found it pale, alkaline, containing some mucus and phosphates, but no albumen. A second examination showed some albumen but no cylinders. She was fully cured a short time afterward through the homœopathic remedies indicated, and she has not had any relapse.

CURES OF MENTAL ALIENATION.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, April, 1901.

I. In the month of April, 1899, I treated a little girl from our town for stiff neck; *Belladonna* and *Sulphur* caused a continued improvement. When the child was getting better nervous symptoms developed with the mother, who had nursed the child very carefully and in a self-sacrificing manner; these symptoms proved so severe that the husband requested me to call soon. I, therefore, called the same day on the patient, who had hitherto showed a pretty cheerful temperament; she made an impression of restlessness, stared at me and showed a manifest distrust as is apt to be the case with those whose mind is alienated. She would sit on her chair stolidly brooding, staring into the empty air, murmuring words that could not be well distinguished, and answering questions slowly and with aversion. Then, again, she would throw herself wildly on her child that was slumbering quietly, lamenting that her darling was dead; or she would rave furiously against opponents visible only to her; she supposed a cat to be a ghost, or a passing tramp to be an enemy about to destroy her, etc. The remedies I used failed me almost altogether. While I was preparing the husband a few days later for the eventual removal of his wife to an asylum he suddenly remembered an incident in his daughter's sickness that had not yet become known to me. I had prescribed that the child should receive five drops of *Belladonna* 6 D. in water every half hour, and his wife had accordingly provided a tumbler as they are used for homœopathic remedies, partly filled with water, and had dropped in the requisite amount of the medicine and had given the child the requisite doses from it. But in her excitement she had one time made a mistake and had given the child water to drink from the tumbler containing the medicine and had not noticed her error before the child had taken a good drink from it. Her fright was great, though the little girl, of course, suffered no harm from it. Since there was much reason to suppose that her fright was the cause of her present state I prescribed *Opium*, which effected a prompt and complete cure.

II. A miller's journeyman, whom I had known for some time, had assisted in taking down the dead body of a neighbor who had

killed himself by hanging. Ever since that time this man, who had been formerly very industrious and merry, became melancholy, and this so much that he loathed all work, withdrew from all his acquaintances and refused to take part in their amusements. He supposed this melancholy, though it continually increased, to be only transitory, until the thought of suicide, which he could scarcely resist, came to torment him, giving him no rest neither while at work nor in his dreams. The image of the man who had hanged himself was continually before him, and the patient came to see that if he should not soon obtain relief he would be forced to also commit suicide. The physician of the neighboring town, whom he first consulted, prescribed *Morphium*, *Bromium* and *Chloral hydrate* without any effect, so the patient called on me and *Kali phosphoricum* 6 D., which I gave him, in a short time effected a complete cure, as he told me a few months later when visiting me.

ILEUS—ATROPIN.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, March, 1901.

"Dr. Batsch, of Grossenhain, has found *Atropin* useful in certain cases of ileus. Knowing that dynamic ileus is due to the paralysis of the motory fibres of the nervous splanchnicus (adynamic form), or to the activity of the inhibitory fibres (dynamic form), in severe cases of dynamic ileus with violent hiccough, he tried *Atropin*, so as to overcome the spasm of the muscles of the bowels by paralyzing the inhibiting fibres of the splanchnicus. After two subcutaneous injections of *Atropin*, there followed an enormous evacuation and in consequence, a full cure.

Also in other cases of the most severe obstruction, as in ileus from an extensive scrotal hernia, he effected a cure through *Atropin*. Still the remedy should not be used in routine fashion, frequently lighter remedies will suffice. Sometimes, also, where *Atropin* is not suitable, an operation will have to be undergone. Still in suitable cases, even in the last stage of ileus, when an operation would be impracticable, the life that is endangered may be preserved by doses of *Atropin* exceeding the maximal. The author communicates also a number of cases treated by his colleagues, when *Atropin* was successful." (*Muenchener Med. Wochenschrift*, 45, 1899.)

We would here call attention to the fact that Surgeon General Theden has made use of *Belladonna* in very large doses in ileus. So it has also been used before this in incarcerated hernia. In convulsive constrictions of the intestinal canal, especially where there is a circumscribed inflammatory peritonitis, *Belladonna* is often plainly indicated from the homœopathic point of view, only we should not in such a case give it in such heavy doses. While Dr. Batsch desires to remove the convulsion of the muscles of the bowels by paralyzing the inhibitory fibres of the splanchnicus, and uses heavy doses to this end, we would be guided by the consideration that *Belladonna* is able to influence the annular muscles, and as it can cause a convulsive stricture in healthy persons so it may remove such a stricture in sick persons; to this is to be added its specific action on the serous membranes, as on the peritonæum.

AVENA AND ARNICA AS NERVINE TONICS.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, April, 1901.

"*Avena* and *Arnica* have been of very great service to me."

Many readers will at once know in what this service consisted. I have heard the praise of these remedies frequently, and even in more eloquent expressions. Both these remedies are able to revive the vital force when sinking from disease, work, mental emotions and other depressing causes.

To take up first *Avena*, or rather the tincture of *Avena sativa*, tincture of oats. This remedy has been embodied in our Materia Medica now for fifteen to twenty years. Since that time Avena-Cacao and Quaker Oats have been used. In Scotland the harvesters use thin, warm oat gruel to satisfy their thirst, as with us they use coffee. This gruel not only satisfies the thirst, but it also restores the strength. All this shows that oats must contain a very wholesome principle, acting in a manner analogous now to that of China, then again like wine, cola, etc.; *i. e.*, those remedies which in pharmacology are denominated *roborantia*. Its effects may be strengthened by the simultaneous use of *Arnica*, given in alternation or at the same time.

A convalescent patient who feels prostrated and wretched and is slow in making his recovery may thus receive three times a

day 4–5 drops of tincture of *Avena* and with it 1–2 drops of *Arnica* 2 D., or the *Arnica* may be given later. This mixture should be given in a teaspoonful of water, best quite warm. This mixture has proved very effective in my practice. It is often sufficient to give 10–15 drops of tincture of *Avena* in a wineglassful of water, a sip to be taken four to five times a day. Thus we may escape the reproach of using double remedies. Though whenever we may assist a patient more quickly, we may well afford to take this reproach on us.

It is even quite a question whether Homœopathy as such enters into the question at all. For this would suppose that *Avena*, if given to a healthy person in large doses which might cause disease, would excite similar states of debility, exhaustion and prostration. I at least have heard of no such symptoms. But should our patients be deprived of the benefits accruing from this excellent remedy, and wait until theory comes limping after practice? The same may be said of *Arnica*. In the Encyclopædia of Homœopathic Materia Medica, by Altschul, *e. g.*, where he discusses the physiological properties of *Arnica*, I find nothing which would show the homœopathicity of the remedy in this case.

But although the curative power of these drugs may not be explained from homœopathic principles, it nevertheless is there. I must also remark, that also the dilutions of the tincture of *Avena* have an undoubted efficacy. Twenty drops of this tincture and five drops of *Arnica tincture* may be mixed with ten grammes of *Spiritis vini* and vigorously shaken, and we get a preparation of sufficient strength which is, besides, cheaper than sanitary wines or other wines still more expensive. And while the latter tire a person, produce acidity and may injure by exciting palpitation of the heart, this will never be the effect of *Avena* and *Arnica* when taken in the proportion given above.

A KALI BICHROMICUM CASE.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, February, 1901.

On the tenth of January, 1900, I had to call on Miss T. The patient had a wretched, morbid appearance, felt weak and sick, was chilly and of lachrymose disposition. For some time she has had a violent mucous obstruction of the upper portions of the

respiratory apparatus, a copious secretion of saliva and mucus. A definite diagnosis could only be given on the succeeding day. I at once ordered her to bed, though there was not at the time any severe fever, owing to the fact of her feeble and anæmic condition, nor, indeed, did any fever appear during the whole course of her ailment. The patient could not open her mouth, just as if there was a mechanical obstruction. Thus it was absolutely impossible to inspect the buccal cavity and fauces; still there could not be any doubt that there was an abscess in one of the tonsils. The nasal voice and an increasing disability to swallow, and then also the color of the thickly coated tongue confirmed this. Its color was almost as yellow as a lemon, and the coating was almost like a fur, and this only changed quite slowly after the abscess had opened. This characteristic coating of the tongue I consider to be pathognomonic; it is, therefore, as we call it, a guiding symptom in the diagnosis. A somewhat analogous symptom we see in diphtheritic sore throat. But therapy also can put these symptoms to use, as they indicate *Kali bichromicum*. So it was in this case. After the patient had taken the remedy a few times on January 15th (every three hours as much of a low trituration as will be on the point of a knife), the mother sent me word in the evening that the abscess had opened and asking whether the medicine should be continued. I continued *Kali bichrom.* for two more days, when the cure was completed.

BOOK NOTICES.

Pocket-Book of Medical Practice. Including Diseases of the Kidneys, Skin, Nerves, Eye, Ear, Nose and Throat (and Obstetrics, Gynæcology and Surgery by Special Authors). By Ch. Gatchell, M. D. Fourth edition. 394 pages. Flexible cover, round corners, gilt edges. $2.00; postage, 6 cents. Philadelphia: Boericke & Tafel. 1901.

This is a note at the end of the book: "Should those who use this book seek in its pages for that which they fail to find, if they will communicate the fact to the author the subject will be included in some future edition if it rightfully belongs in a work of this character." This shows that the author has confidence that in this, the fourth edition (now published by Boericke &

Tafel), he has completely covered the field. And we believe he has, for a completer, and at the same time more concise, medical work was never before printed. Another great improvement in this edition over the earlier ones is in the paper, that in the first being so transparent as to show through, thus making it very hard on the eyes; the paper used in this edition is opaque and the eye rests with ease on the printed page.

Principles of Surgery. By N. Senn, M. D., Ph. D., LL. D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University at Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; late Lieutenant-Colonel of United States Volunteers and Chief of the Operating Staff with the army in the field during the Spanish-American War. Third edition. Thoroughly revised with 230 wood engravings, half-tones and colored illustrations. Royal octavo. Pages, 14–700. Extra cloth, $4.50, net; sheep or half-russia, $5.50, net. Delivered. Philadelphia: F. A. Davis Company, publishers, 1914–16 Cherry street.

This book, now in its third edition, is written to "serve the purpose of a systematic treatise on the causation, pathology, diagnosis, prognosis and treatment of the injuries and affections which the surgeon is most frequently called upon to treat. The successful study and practice of any branch of the healing art require a thorough knowledge of the principles upon which it is based." It is a fine work.

In the transactions of the American Institute of Homœopathy for 1901 there is a Report of the New Publications for the past two years. Leaving out the Transactions there are the titles of thirty books given, and of these Boericke & Tafel published twenty-four. Of the remaining six one has since been turned over to that firm to handle.

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Address communications, books for review, exchanges, etc., for the editor, to

E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

MOCCASIN SNAKE VENOM.

Dr. John L. Moffat, of 1136 Dean St., Brooklyn, N. Y., has sent to Messrs. Boericke & Tafel crystals (by evaporation) of the moccasin snake venom (*Ancistrodon piscivorus*). If any reader has pointers on the action of this particular snake venom it might be useful to send it to the RECORDER. The venom sent was obtained from a snake now in Bronx Park, and fully identified by the authorities of the Bronx Park Zoological Gardens.

Under *Toxicophis*, which is the same, there is a mention of it in Allen's *Encyclopædia*, volume 10, page 20. What is contained there is taken from a communication by Wm. Ingals, *Boston Medical and Surgical Journal*, 1842, and also others in same journal; in all, three cases of effects of the bite of the snake.

One case developed this peculiarity: For several years the pains were confined to the knee of the limb bitten (boy aged 10 when bitten); in a few years it left the knee and seized the hip, and finally it attacked the shoulder, the last attack being very slight.

Also, in same case, for the last eighteen years he has had an annual recurrence of the symptoms, attended with severe pain, but not accompanied with swelling; it occurred at precisely the same time of the year, continued several days, but decreasing in severity every succeeding year.

The same observation was made in another case of this remarkable recurrence of the symptoms every year at the same time.

This is a pointer that may help out in some cases.

From this hour I ordain myself loosed of limits and imaginary lines,
Going where I list, my own master total and absolute,
Listening to others, considering well what they say,
Pausing, searching, receiving, contemplating,
Gently, but with undeniable will, divesting myself of the holds that would hold me.

WALT WHITMAN.

SAYS Dr. Sheldon Levitt, in the *Minneapolis Homœopathic Magazine* for March: "It is lamentable, but true, that in Homœopathy we witness the same spirit of intolerance which characterized adherents of the old methods in their treatment of the disciples of Hahnemann. The same denunciation of heterodoxical opinions and practices which attempted to block the way of truth, and those days fall upon one who now declares his faith in the efficacy of mental medicine; and therefore while there are many who have profound faith in it, few have the courage to confess it. Denunciation would be perfectly just had we but first tested the merits of the claims made in its favor. But I insist that it is not only unfair, but unwise, to do so without having instituted a careful clinical investigation. The truth is, we denounce the bigotry displayed by the old school of medicine, while, behold, we ourselves show a detestable degree of dogmatism."

DR GEO. M. GOULD'S venture, *American Medicine*, Vol. 1, No. 1, April 6, comes to hand bearing every appearance of success and of deserving it. The paper is of fine quality and the type exceptionally pleasing to the eye, and the advertising pages number 120, surpassing, we believe, those of any other medical journal. Considerable space is devoted to news notes and to abstracts of the chief features of the leading medical journals and literature, besides a good array of original articles, editorial notes, correspondence, etc.

Geranium maculatum is a great remedy for internal hæmorrhages or external bleeding.

M. VERNEUIL recently read a paper before the French Academy of Medicine, in which our old homœopathic *Calendula* was strongly commended. He uses it freely on all boils, carbuncles

and sores and finds it arrests the progress of the disease, allays pain, reduces the fever, disinfects the purulent and gangrenous centers and hastens healthy granulations. He prefers the non-alcoholic, the *succus calendulæ*.

The case of the Detroit Health Board vs. Dr. E. L. Shurley has been decided in favor of the defendant. The board brought suit against the doctor for not reporting a case of tuberculosis as a contagious disease. Dr. Shurley has been in practice since 1865, has treated more than 2,500 cases of tuberculosis and never had known of a case contracted by contagion. The chief cause is heredity. Has never known a case contracted by kissing, or the communion cup, etc.; such statements should not be made unless there is proof, "and there is no proof;" he had voluntarily inhaled the dried sputum and had no trace of the disease. In short, the doctor ripped the bacteriologists and theorists and board of health men in great shape. One of the men on the other side made the assertion that there was more danger in sleeping with a person suffering from consumption than one from small-pox. It is well to have the powers of health boards restrained every now and then if the sick are to retrain any rights.

The *Homœopathic World* for April reprints the first part of a paper, from *British Medical Journal*, by Dr. M. Funck, of the University of Brussels, under the title, "A Preliminary Note on the Etiological Agent in Vaccinia and Variola." This paper contains one statement that must make the advertisers of vaccine think a bit. Dr. Funck says: "It has long been known that freshly-prepared vaccine, that is to say, the glycerine emulsion of the contents of the vaccine pustule, contains a very large number of bacteria. It could hardly be otherwise, considering that vaccine lymph is made by scraping the pustules, and evidently that operation cannot be conducted antiseptically. The fact that vaccine undergoes 'auto purification' is acknowledged by most bacteriologists, and we know that in three months most of the microbes originally contained in the lymph have disappeared."

We are glad to hear that Dr. G. A. Stockwell, who made the *Medical Age* so successful at one time, is to be editor of the new *Detroit Medical Journal*, which is announced for early publication.

"THERE is one drug I wish to call your attention to, in the convalescence of typhoid, when the patient complains of weariness, sluggish liver and deranged glandular system, and that drug is *Berberis aquifolium.* It will immediately overcome the weariness, produce a sense of well being, stimulate waste and repair. It will stimulate digestion and absorption, thereby improving nutrition, and it will influence the entire glandular structure of the digestive and intestinal tract."—*W. L. Heeve, M. D., Tran. E. M. S., of N. Y., 1900.*

SOME of our esteemed homœopathic exchanges are highly indignant at Dr. Geo. M. Gould for sending them circulars announcing that he intends to start a new medical journal, and asking their assistance in the way of publicity. Probably the HOMŒOPATHIC RECORDER and what it represents secured more attention from Dr. Gould in the old days of the *Medical News* than any other homœopathic journal, yet the fight was fair, give and take, and, so far as this journal is concerned, not the least degree of malice entered into the row. We know that allopathy is wrong and that Homœopathy is right, but if we must have allopathic journals—and it seems we must—we wish the one conducted by frank, out-spoken Gould to succeed.

NEW YORK, April 3, 1901.

Meeting of the Hahnemann Monument Committe of the American Institute of Homœopathy held at the residence of Dr. Wm. Tod Helmuth, No. 504 Fifth avenue.

Dr. J. H. McClelland in the chair.

Present: Drs. McClelland, J. B. Gregg Custis and Wm. Tod Helmuth, the latter appointed secretary *pro tem.*

The president stated that the meeting had been called to consider the death of Dr. Henry M. Smith, the Secretary and Treasurer, and to take the necessary legal steps to fill the vacancy occasioned thereby.

On motion of Dr. Helmuth, Dr. J. B. Gregg Custis, of Washington, D. C., was nominated for Secretary and Treasurer of the Committee. Carried.

On motion, the following preamble and resolutions were unanimously adopted:

WHEREAS, Through the death of Dr. Henry M. Smith this

Committee has lost one of its most active and efficient members, and,

WHEREAS, Through the untiring energy and perseverance of Dr. Smith much of the successful workings of this Committee can be attributed; therefore,

Resolved, That the *Hahnemann Monument Committee of the American Institute of Homœopathy* has sustained an irreparable loss in the demise of Dr. Smith, and offers this resolution as a tribute to his perseverance and self-sacrifice in assisting to secure a lasting monument to the founder of Homœopathy in the United States of America.

Resolved, Also, That a copy of this preamble and resolutions be presented to the American Institute of Homœopathy at its next meeting in June, and to the family of Dr. Smith.

WM. TOD HELMUTH,
Secretary pro tem.

NEW subscriptions received for the HOMŒOPATHIC RECORDER for the remainder of the year 1901 will have to date from current month of receipt, as the supply of back numbers is exhausted.

IN a paper on "*Appendicitis*" (*Medical Visitor*), Dr. J. J. Thompson gets off the following, which is not without a certain humor:

"The largest number reported by any one person was 400 treated surgically, which the writer states was only about half of the cases seen; this would make a total of 800 cases of appendicitis under the observation of one individual; while as an antithesis to this report we hear from several well-informed physicians, some of whom stand high in institute work, who positively declare that so far as they have been able to judge they have never seen a case of appendicitis in a practice extending over periods of from 20 to 40 years; while still others of undoubted reputation maintain that in an active practice extending over a similar period they have met with the average proportion of cases, *all* of which they treated medically and *all* of which recovered under such treatment.

"One physician naively remarks, 'I am not sure of having had any cases of appendicitis because none have died and none have been operated upon.'"

PERSONALS.

Baldwin-Ziegler Polar Expedition, sailing from New York this year, purchased their supply of homœopathic drugs from Boericke & Tafel.

The drawings of a dentist are very painful to an artist.

Yes, John, "celialgia" is very learned, but "bellyache" will be better understood; as regards "cerevisia" you had better ask for "beer" if you are especially thirsty.

Diphtheria mortality in Philadelphia runs nearly 17 per cent., which doesn't look as though antitoxin had "robbed the disease of its terrors."

Dr. B. A Sawtelle has removed to Southington, Conn., and Dr. Samuel Adams has taken his practice at Norfolk, Conn.

Morgan seems to have gone to Europe not so much for rest as "the rest."

Don't sneer at the "indicated remedy" and "the totality of the symptoms." Bad form in one with a degree from a homœopathic college.

Our Indian friends will please note that the only way to obtain a degree from an American Homœopathic Medical College is to come to this country, study four years and pass the final examinations.

The same friends will please note that they are expected to pay full postage on letters to the United States.

"Many a dollar have I earned through Dr. Burnett's *Bacillinum.*"—Dr. Adams, *Medical Advance.*

Selling stock pays better than selling homœopathic medicines.

We are glad to see that the *Medical Advance* is once more advancing. That antitoxin paper in the February number, though, seems out of place there.

Dr. C. O. Main, of Stonington, Conn., thinks he holds the championship on twin delivery—four pairs in eight weeks and all doing well. Any one beat it?

Dr. J. D. C. Meade has removed from Mather to Valley Junction, Wis.

"If Hahnemann were alive to-day he would only use —— —— —— tinctures." Ye gods how his judgment of a homœopathic tincture must have changed! Probably he would go a step further and prescribe compound tablets and *Hymustie.*

And now the modest bacteriologists have discovered that leprosy and elephantiasis are caused by mosquitoes. Who said the age of gullibility is passed?

Ostentation is the way others show off.

The poorhouse is the bogey of half the adult male population.

Wise guys assert that often the thread of a discourse is yarn.

The crippled financier can always stand alone.

The Pan-American Exposition at Buffalo can give cards and spades to its great predecessors on electricity and beat them all.

And the wise buffalo thinks that before many decades his town will throw Chicago in the shade.

Go to Buffalo and Richfield springs.

Subsrcibe for the RECORDER.

THE

HOMŒOPATHIC RECORDER.

VOL. XVI. LANCASTER, PA., JUNE, 1901. No. 6

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Thirteenth Annual Session.

The thirteenth annual session of the American Institute of Homœopathy was held in Washington, D. C., beginning June 4th, 1856, and was called to order by the General Secretary, J. P. Dake, M. D., of Pittsburg, Pa.

The roll numbered three hundred and fifty names, which was called and corrections made where necessary.

J. R. Piper, M. D., introduced to the Institute, A. T. Bull, M. D., of London, Canada West, a delegate from the Canadian Homœopathic Society.

Geo. W. Swazey, M. D., of Springfield, Mass., was unanimously elected Chairman of the session, who, in a short but very suitable address, assumed his position.

F. R. McManus, M. D., of Baltimore, was elected General Secretary; J. D. Middleton, M. D., of Baltimore, Provisional Secretary, and Samuel S. Guy, M. D., of Brooklyn, Treasurer.

The Board of Censors was, Walter Williamson, M. D., and Richard Gardiner, M. D., of Philadelphia, Pa.; J. Green, M. D., and J. R. Piper, M. D., of Washington, D. C., and D Janney, M. D., of Loudoun Co., Va.

The Chairman appointed C. H. Skiff, M. D., of New Haven, Conn.; J. R. Piper, M. D., of Washington, D. C.; Richard Gardiner, M. D., of Philadelphia, Pa.; J. G. Wood, M. D., of Salem, Mass., and J. T. Whittle, M. D., of Nashua, N. H., as a committee to audit the Treasurer's account.

The treasurer, Samuel S. Guy, M. D., made a report which was audited and pronounced correct. This account probably threw some light upon the proposition made by one of the members to limit each officer's term of service to one year.

S. B. Barlow, M. D., Committee on "Cholera" being absent, there was again no report from the disease, and on motion of J. P. Dake, M. D., the committee was discharged.

I. M. Ward, M. D., Committee on "Mechanical Supports," was also absent, but as J. P. Dake, M. D., stated that he was informed that Dr. Ward had his report ready, the committee was continued.

C. D. Williams, M. D., Committee on "Small-pox," being absent and no report yet ready, on motion of J. P. Dake, M. D., was discharged.

A. E. Small, M. D., Committee on "Diseases of the Respiratory Organs," being absent without report, was discharged on motion of D. M. Dake, M. D.

F. R. McManus, M. D., offered the following resolution as an act of courtesy to the Provincinal Homœopathic Medical Society of Canada, which Society had sent a delegate to the meeting:

Resolved, That A. T. Bull, M. D., of London, Canada West, a delegate from the Provincial Homœopathic Medical Society, be invited to participate in the deliberations of the Institute.

The following applicants were recommended for membership, as having complied with the requirements and by-laws:

Joseph S. Walter, M. D., Gloucester, Mass.; Fred. M. Palmer, M. D., Gardiner, Maine; Grenville S. Stevens, M. D., Providence, R. I.; E. W. Roberts, M. D., Harrisburg, Pa.; Henry S. Lentz, M. D., Chestnut Hill, Philadelphia county, Pa.; M. Cote, M. D., Pittsburg, Pa.; Jas. A. Herron, M. D., Pittsburg, Pa.; Jas. M. McAllister, M. D., Philadelphia, Pa.; Joshua Thorne, M. D., Washington, D. C.; F. S. McManus, M. D., Baltimore, Md.; Freeman Horton, M. D., Weare, N. H.

At the suggestion of Walter Williamson, M. D., there was a resolution proposed that the American Institute have authority to elect honorary members, but Dr. McManus, addressing the Chairman, said, the question that presents itself to my mind is whether there is any necessity for the adoption of this resolution; whether the Society, like all other societies, has not already the authority to elect honorary members. If it is generally understood that such elections cannot be made without a special provision it is

all right and I shall make no objection to it; but, unless that is the case, it seems to me that this resolution is entirely unnecessary and a work of supererogation.

Dr. J. P. Dake remarked: Article Eighth of the By-Laws specifies who shall be members of this Institute; and it seems to me that all that would be necessary would be to add a clause to that article, saying, "and the Board of Censors may recognize, as honorary members of this Society, such persons as they may deem proper." If it will be in order, I will move that as an amendment to the eighth article.

The Chairman said it was "not now in order; the question must first be taken on the resolution."

Dr. Williamson answered: "As there seems to be some difference of opinion with regard to the propriety of the resolution I will withdraw it, although I do not know whether my colleagues on the committee will approve of my doing so. The committee were unanimously of the opinion that it would be proper to pass such a resolution as I reported and then to elect Dr. Bull as an honorary member of this Institute; but instead of that I will report the name of A. T. Bull, M. D., of London, Canada West, to be added to the list of applicants for ordinary membership."

Dr. Bull was then unanimously elected a member of the Institute.

W. E. Payne, M. D., of Bath, Maine, offered the resolution, "That in accordance with the usage and dignity of scientific bodies, who very properly discountenance all extraordinary efforts on the part of members of such bodies to enhance individual interests, we, as an associated, scientific body will discountenance all like extraordinary efforts on the part of the members of this Institute; and whenever such cases come to our knowledge, well authenticated, we will sever such members from our connection as no longer worthy of our sympathy and fellowship."

On motion of Richard Gardiner, M. D., this resolution was laid on the table.

N. H. Warner, M. D., Committee on "Cholera," made but a partial report on and was granted time in which to finish it.

Richard Gardiner, M. D., Committee on "Small-pox," gave several excellent reasons for not having a full report ready, one of which was the very broad field covered by the name of the disease. The doctor did not understand whether he was to give

a history of the disease, or its treatment, or his own experience with it. After considerable discussion between Drs. D. M. Dake, W. E. Payne, F. R. McManus and Dr. Gardiner, Dr. J. P. Dake proposed that the matter should be allowed to rest with the committee whose duty it was to arrange subjects for the different committees, who should instruct Dr. Gardiner more definitely in regard to it. Dr. McManus thought that the very extended report upon cholera, presented by Dr. Williamson a short time before, covered the ground sufficiently, and Dr. D. M. Dake suggested that the subject should treat of the relation of small-pox to other pustular diseases, such as chicken-pox, etc. The matter was set aside until the proper committee should take charge of it.

I. T. Talbot, M. D., Committee on "Diseases of the Respiratory Organs," being absent, there was no report, and Dr. Samuel Gregg moved that the subject be laid on the table, which was adopted.

H. Robinson, M. D., Committee on "Herpes," was absent, and having sent no report, was, on motion of D. M. Dake, M. D., discharged from further consideration of the subject.

For the same reason, Drs. L. Dodge and Wm. A. Gardiner, Committee on "Medical Education," were discharged on motion of Dr. D. M. Dake.

Samuel Gregg, M. D., of Boston, read a report from the Massachusetts Homœopathic Medical Society, which was accepted, and printed in the proceedings.

J. P. Dake, M. D., read a letter from D. Cowley, M. D., the Secretary of the American Provers' Union, and a report from the Rhode Island Homœopathic Society. The former was ordered printed; the latter, he moved, should be published, with the exception of the enumeration of the treatment of some particular cases, the information not being complete.

D. M. Dake, M. D., proposed that the secretary should correspond with the Rhode Island Society so as to obtain a full and satisfactory report for the proceedings. J. P. Dake, M. D., agreed to the proposition, saying, that too often the reports of diseases only gave the name of the disease and their remedies, whereas, Homœopathy required characteristic symptoms in order to prescribe in accordance therewith.

A communication was read from W. Pearson, M. D., of Dayton, Ohio, which was laid on the table.

Henry D. Paine, of Albany, being unable to be present, his

alternate, D. M. Dake, M. D., delivered the annual address on Wednesday evening. His subject was "Reasons Why Certainty and Stability have been precluded in the Science and Art of Medicine as Cultivated by the Old School Methods."

He said that throughout the civilized world the fixed fact was admitted that there were two schools in medicine, and that the faith and doctrines of the two schools were as widely apart as the east is from the west.

The new school taught that facts and phenomena relating to medicine can be reduced to a fine science as the basis of uniform art. The old school holds an opposite view, that experience is a sufficient basis on which to found medical science and art. The new school advocates were united in their central principles, as drawn by Hahnemann from nature, and vindicated by facts and phenomena.

The votaries of the old school had no such agreement, no central creed, no general principles, no central philosophy, no bond of union. The school was divided into factions and distracted by feuds.

He adduced reasons to show why the two schools could never coalesce no matter how friendly their social ties might be. He then aimed to show the main reasons why, in the old school practice, stability and certainty had been precluded.

He intimated that the fact would be regarded legitimate and unavoidable; that each property of matter and each force in the natural world must have its own specific test, never to be made the test of any other property or force in matter.

Observation and experience had been the aids, together with experiments, in establishing the facts and information upon the subject he was investigating. Mankind had widened out his search for facts by interrogating nature and thereby seeking information, the facts obtained being nature's response to his inquiries, but each observation and reason must be strictly correct, for every fixed science was thus developed.

Dr. Dake said we had taken the human body, with its normal functions, as our standard and test of comparison as the medium through which nature is invited to give us the facts with regard to the powers and properties of substances as medical apents and their ability to restore the natural functions of the body.

Every medicine in the Materia Medica has been thus tested in the light of vital tests. The Materia Medica has thus been built

up in purity and we are in possession of these instrumentalities.

After considering our fundamental rule and wondering why the old school had failed to observe it in their search for remedies on which to build their Materia Medica, he mentioned their three leading tests for developing material.

First, the *vital;* second, the *comparative*, and third, the *analogical;* and quoted three problems, as follows:

Problem 1. If the atmosphere is indispensable to life, what are the relations of aqua fortis to the human body and its functions, guided to your conclusion by the analogy existing between them in chemical composition, both being composed of precisely the same elements?

Problem 2. If the wild turnip produces asthma, whooping cough, or sneezing, what must be the relations of all other bulbous roots to the economy of man, judging by the similarity between them and the wild turnip in form, color, density, etc.?

Problem 3. If the human nose and asafœtida, analyzed, are found to be composed of precisely the same elements, what must be the medicinal and curative relations between them? If led to your conclusion by the similarity between them in chemical composition, would you not expect to supply all deficiencies in the nose caused by disease by the use of asafœtida?

He closed by urging the members to go on in the development of truth, in the light of law, that unborn millions might cheer them for their great work when the mild influences of our medicine would be felt to the utmost ends of the earth. He further urged all to preserve unmarred the imperishable legacy which Hahnemann had left us, and go out in this way to dispense blessings to mankind and at the same time prove ourselves worthy disciples of this great apostle in medicine.

After the address the members of the Institute were sumptuously entertained by Dr. Piper. The previous evening the members had been hospitably and unexpectedly entertained by Dr. Green, who had furnished a dainty and bountiful table for their enjoyment.

On Thursday morning, after preliminary business, J. P. Dake, M. D., read a report from I. T. Talbot, M. D., Committee on "Diseases of the Respiratory Organs," which was accepted, but, on Dr. Gregg's proposal, was referred back to Dr. Talbot, because of his having been so engaged as to have had insufficient time to devote to the subject, and they desired a more extended report from him.

W. Williamson, M. D., proposed that Michael Demetrius Kalopothakes be invited to a seat in the Institute, and to take part in its deliberations. He stated that Mr. Kalopothakes was a native of Greece and had finished a four years' course in the University at Athens. He had spent three years in study in this country, desiring to take a degree before returning home to become editor of a periodical in which he intended to do good service for Homœopathy. The gentleman was welcomed to a seat in the Institute.

J. P. Dake, M. D., stated that at the meeting of the Institute in 1855, he had moved to strike out that article of the By-Laws which required the appointment of a Central Bureau for the Augmentation and Improvement of the Materia Medica. He had done so because the Bureau had made no report for a year or two, and also because the subject of the Materia Medica had been taken in hand by the American Provers' Union of Philadelphia. After the meeting he had received a letter from B. F. Joslin, M. D., of New York, upon the subject, which he read, and then moved that the ninth article of the By-Laws be re-enacted, which was agreed upon.

Dr. J. P. Dake also directed the attention of the Institute to Dr. Henry S. Lentz, of Chestnut Hill, Philadelphia county, Pa., who being a learned and wealthy gentleman, had devoted himself to the preparation of high attenuations of Homœopathic medicines. Drs. Dake, Small and Semple had visited Dr. Lentz, in order to see his mode of attenuation, and had found the doctor extremely careful and particular, allowing no one to touch a vial or cork in his laboratory. As the school was making use of high attenuations with good effect Dr. Dake thought it was important to know that the high attenuations, even to the four thousandth, might be procured from Dr. Lentz, whose preparations could be thoroughly relied upon.

D. M. Dake, M. D., proposed that the resolution submitted by W. E. Payne, M. D., be taken from the table, and after some discussion the resolution was amended, and on motion of J. P. Dake, M. D., it was accepted as follows:

Resolved, That in accordance with the usage and dignity of scientific bodies, who very properly discountenance all extraordinary efforts on the part of the members of such bodies to enhance individual interests to the sacrifice of professional dignity and decorum, we, as an associated, scientific body, will discoun-

tenance all like extraordinary efforts on the part of the members of this Institute; and whenever such cases come to our knowledge, well authenticated, we will sever such members from our connection as no longer worthy of our sympathy and fellowship.

Upon this decision Dr. D. M. Dake submitted this resolution: That upon evidence furnished by members of the Provincial Homœopathic Society of Canada West, and upon the character of certain hand-bills, Dr. Dioclesian Lewis be expelled, without delay from the Institute, for having made extraordinary and notorious efforts to enhance his individual interests to the sacrifice of professional dignity and decorum, and to the injury of scientific medicine.

A. T. Bull, M. D., made a statement of facts which had come to his knowledge in reference to the conduct of Dr. Lewis, and he submitted letters and documents establishing the charges that had been made against him.

N. H. Warner, M.D., of Buffalo, corroborated the statement of Dr. Bull and gave additional testimony of a similar character.

The Chairman remarked that the present case differed from Dr. Humphreys' case, in that the latter was present to speak in his own defense, while Dr. Lewis was not there to defend himself; but as the offense was so flagrant, and the facts so notorious, the point of his absence was immaterial.

Dr. J. P. Dake mentioned that it was the general rule in such bodies to notify a member before he was censured or expelled, in order to permit of self-defence, unless the crime was flagrant and the evidence *prima facie*, or beyond extenuation. He thought this case was so entirely clear that there was no necessity for delay, for every moment that the culprit remained in membership would be degrading to the Institute and disgraceful to its members. He hoped that measures would be taken at once and the Secretary be notified to inform Dr. Lewis of the action of the Institute. Dr. Warner asked whether in case this man was expelled he could bring a suit for libel against the Society.

The Chairman said that if Dr. Lewis believed he had any remedy at law he was at liberty to try to recover damages. It was for the members of the Institute to decide whether they were willing to assume the responsibility.

W. Williamson, M. D., said that if Dr. Lewis had gained admission by deceit and fraud, or any kind of imposition, his membership was not valid. He stated that he thought it was fully

substantiated that the Committee on Elections had been imposed upon, and if he were expelled there could be no ground for a libel suit.

S. Gregg, M. D., stated a case which happened in the Massachusetts Medical Society. A member had been expelled for immorality growing out of some transactions with a fellow physician, where he sold his right to practice medicine. He sought redress from the Supreme Court of the State, and its decision was that every scientific body had the right to regulate its own proceedings and the Court had no jurisdiction over the matter.

S. S. Guy, M. D., referred to the expulsion of Dr. Humphreys, and thought that if a libel suit could be brought for such action on the part of the Institute it would have been done then.

The question was taken upon the resolution and it was adopted, thus severing all connection, by expulsion, with Dioclesian Lewis, M. D.

This gave rise to the following resolution submitted by Dr. Gardiner and seconded by Dr. McManus, and adopted by the Institute:

Resolved, That the evidence of the "Provincial Homœopathic Society of Canada West, and the extensive program of Dr. Dioclesian Lewis, leading, with other testimony, to his expulsion from this Institute, be carefully preserved with the archives of the Institute.

Probably in pursuance of the necessary expulsion of two of the members of the Institute, S. S. Guy, M. D., made the resolution that a committee of three be appointed for the purpose of drawing up and presenting to the Institute, for consideration at its next session, a proper code or system of Medical Ethics.

Richard Gardiner, M. D., moved to amend the resolution by referring the subject of Medical Ethics to the Committee on Scientific Subjects, which was agreed to. J. P. Dake, M. D., moved that the next meeting of the Institute should be held in Chicago, Ill., on the first Wednesday in June, 1857. A discussion followed, Dr. Williamson proposing Boston; Dr. Guy suggesting Brooklyn, and Dr. McManus advocating Cincinnati. The question being submitted, Dr. Dake's motion carried.

The two following resolutions, proposed by J. Green, M. D., were passed unanimously:

Resolved, That the American Institute of Homœopathy cause to be presented, through its secretary, a complete set of its transactions, handsomely bound, to the Smithsonian Institution.

Resolved, That the cordial thanks of the American Institute of Homœopathy be tendered to the Honorable Board of Regents of the Smithsonian Institution, for the kindness manifested by them in permitting the Institute to hold their thirteenth anniversary meeting in its hall; and that the secretary be instructed to communicate this resolution to that body through its secretary, Prof. Henry.

The Committee on Scientific Subjects appointed by the Chairman was composed of J. P. Dake, M. D., Samuel Gregg, M. D., and W. E. Payne, M. D.

The Treasurer read several communications from members of the Institute in reference to their dues, etc., and moved that a committee be appointed to examine the unsettled and disputed accounts. The Chairman appointed N. H. Warner, M. D., Richard Gardiner, M. D., and G. W. Barns, M. D., to act as such committee. Amherst Childs, M. D., of Waterloo, N. Y., sent a letter stating that he was not, nor never had been, a member of the Institute. His name was, therefore, removed from the roll.

H. P. Gatchell, M. D., of Cleveland, O., sent a communication asking that his name be dropped from the roll.

Dr. Guy stated that Dr. Gatchell was indebted to the Society for annual dues, etc., whereupon Dr. McManus moved that his request be complied with when his indebtedness had been paid.

J. G. G. Pherson, M. D., of Philadelphia, sent a letter containing his dues and expressing a desire to withdraw. On motion of Dr. Williamson his resignation was accepted.

The Treasurer then submitted his report of delinquent members and the sums of their indebtedness to the Institute, and moved that all members being in arrears more than two dollars, at the next session, be stricken from the roll.

Dr. Gregg hoped the resolution would not be adopted.

Dr. J. P. Dake moved to amend it by withholding the copies of the proceedings from such members. Dr. McManus said, if the copies were withheld, it would only keep such members from knowing what the Institute was doing and proposed publishing their names as a black list and sending them a copy.

Dr. Guy said he had tried to do his duty faithfully, and he thought if a member was unwilling to pay one dollar a year that he displayed very little interest, and that the Institute would prosper better without them, just as a fruit tree, would thrive better without dead branches.

G. W. Swazey, M. D., resigned the chair temporarily to J. P. Dake, M. D., in order to oppose both the resolution and amendment.

J. P. Dake, M. D., took this opportunity to apologize for not having published the thousand copies of Dr. Pulte's address, and the two thousand copies of Dr. Joslin's letter. He said his only reason was lack of money. The order of the Institute not being complied with, on account of the depleted treasury, it seemed only proper that those whose fault it was should have the Proceedings withheld from them.

Dr. S. S. Guy said there was more importance attached to the matter than appeared at first, and that the Proceedings of last year would not have been published if Dr. Ball and himself had not advanced the money. He said it was no small job to keep the accounts and attend to the business of Treasurer, and that with all his efforts he had not been able to collect one-fifth of the amount due. Dr. McManus asked how much was collected, to which Dr. Guy replied three hundred dollars. Dr. McManus thought that pretty good for one year, but Dr. Guy said that they owed Dr. Ball seventy dollars, and had owed it to him for two or three years.

The resolution was then modified by its mover and was agreed to stand as follows:

Resolved, "That the Proceedings of the Institute, published by the General Secretary, be withheld from all members of the Institute whose arrearage or dues shall amount to more than two dollars at the next meeting."

J. P. Dake, M. D., Chairman of the Committtee on Scientific Subjects, submitted his report as follows: C. Hering, M. D., of Philadelphia, Pa., and G. W. Swazey, M. D., of Springfield, Mass., a Committee on "Medical Education Necessary in Homœopathic Practice."

S. Gregg, M. D., of Boston, Mass., and D. M. Dake, M. D., of Pittsburg, Pa., a Committee on "Mechanical Means as Aids in Homœopathic Practice."

C. M. Dake, M. D., of Genesee, N. Y., a Committee on "Anæsthetic Agents, their Use and Abuse."

Richard Gardiner, M. D., of Philadelphia, Pa., a Committee on "Small-pox and Kindred Pustular Diseases."

W. E. Payne, M. D., of Bath, Maine, a Committee on "Repetition and Alternation of Remedies in Homœopathic Practice."

J. P. Dake, M. D., of Pittsburg, Pa., and J. H. Pulte, M. D., of Cincinnati, Ohio, a Committee on "Water, as a Therapeutic Agent."

P. P. Wells, M. D., of Brooklyn, L. I., a Committee on "The Attenuation of Medicines."

A. T. Bull, M. D., of London, Canada West, and S. S. Guy, M. D., of Brooklyn, L. I., a Committee on the use of "Domestic Books and Cases."

W. Williamson, M. D., and A. E. Small, M. D., of Philadelphia, Pa., a Committee on "Ethics in Medicine."

D. S. Smith, M. D., of Chicago, Ill., a Committee on "Intermittent Fever and its Homœopathic Treatment."

N. H. Warner, M. D., Chairman of the committee to examine the unsettled and disputed accounts of the members, with the Treasurer, submitted a report which proved the entire disability of S. R. Kirby, M. D., to keep correct accounts. Members who had paid were sometimes not credited and the books showed a deficit of $118.26, represented by notes from Dr. Kirby, which he failed time after time to make good. The committee, therefore, submitted the following resolutions which were adopted:

Resolved, "That those members who have paid in part to S. R. Kirby, M. D., the late Treasurer, without credit, and the balance to the present Treasurer, be credited in full to the time noted by the Treasurer." And "That those members who have paid in excess, under protest, shall have such excess put to their credit for future dues." Sundry bills were presented which were accepted and ordered to be paid.

The Chair appointed as the Central Bureau of Materia Medica, B. F. Joslin, M. D., of New York; W. E. Payne, M. D., of Bath, Maine; P. P. Wells, M. D., of Brooklyn, L. I.; Jacob Jeanes, M. D., of Philadelphia, Pa., and J. P. Dake, M. D., of Pittsburg, Pa.

On motion of J. P. Dake, M. D., it was, *Resolved*, "That the Central Bureau on Materia Medica be instructed to draw up, and present, at the next meeting of the Institute, a report on the present state of our Materia Medica, together with the best methods for its improvement."

W. E. Payne, M. D., of Bath, Maine, offered a resolution proposing that the Institute should recommend, to American Homœopathic physicians, the high attenuations of medicines

prepared by Dr. Henry S. Lentz, of Chestnut Hill, Philadelphia, as altogether reliable.

Richard Gardiner, M. D., of Philadelphia, mentioned his experience of the efficacy of high potencies in cases of scarlatina. He agreed with Dr. Dake in his remraks regarding high attenuation.

Dr. Payne said that his resolution had been misunderstood. It was not his intention to recommend the high attenuations, but merely to recommend the fidelity with which they were prepared by Dr. Lentz, in order that any one wishing to use them might know they were procurable in this country.

G. W. Swazey, M. D., was willing to bestow all honor upon Dr. Lentz, but he thought there was a question of principle involved in the Institute endorsing individuals in the profession, and he did not agree to the resolution.

Dr. Gregg observed that it was a rule of common law that no individual should be allowed to testify on the *ipse dixit* of any one else. It was proper for those who had tested the medicines to certify to their purity and efficacy, but the members who had not done so, should not be asked to attest their truth.

J. P. Dake, M. D., made a few additional remarks favoring the resolution.

Dr. McManus thought the preparations might be recommended by our Medical College, but it would be improper for the Institute, as a body, to do so.

The question was not agreed to by the Institute.

Richard Gardiner, M. D., offered a resolution, which was unanimously adopted: "That the thanks of the Institute be voted to Dr. Piper and Dr. Green and their ladies for their noble acts of hospitality."

On motion, D. S. Smith, M. D., of Chicago, Ill., was appointed a Committee of Arrangements for the next meeting.

The Chairman appointed J. S. Douglas, M. D., of Milwaukee, Wis., to deliver the next annual address, with W. E. Payne, M. D., of Bath, Me., as his alternate.

Dr. McManus made a resolution offering a vote of thanks to D. M. Dake, M. D., for his able lecture, and asked for a copy for publication in the Proceedings.

On motion of S. S. Guy, M. D., Dr. W. Pearson's letter was taken from the table and filed.

F. R. McManus, M. D., then read an essay on the subject of

"High and Low Dilutions," but it being so near time for adjournment there was no discusion of the subject.

Dr. McManus proposed a resolution of thanks to S. S. Guy, M. D., the Treasurer, for his indefatigable work; to J. P. Dake, M. D., the General Secretary, for the ability with which he performed his duties, and to G. W. Swazey, M. D., the Chairman, for his distinguished ability as presiding officer.

Dr. Swazey made a few feeling remarks in return, and then pronounced the Institute adjourned, to meet in Chicago, on the first Wednesday in June, 1857, at ten o'clock A. M.

ODORS OF DISEASE.

W. B. Clarke, M. D., Indianapolis, Ind.

(Indianapolis Homœopathic Medical Society, April, 1901.)

That our subject is, or should be, one of the greatest practical interest to physicians in their work is undeniable, and that it has been neglected in general medical literature is equally true. But it is not my intention on this occasion (nor have you the time) to make an elaborate or exhaustive presentation or study of the matters connected with it. Hahnemann showed how and why certain sicknesses had been cured by simply smelling the medicine. So why can we not profitably study how to diagnose a disease by its odor? And that a slight modification of our subject has a commercial aspect and value may be shown in the following clipping: "A few drops of any perfumed oil will secure libraries from the consuming effects of moldiness and damp. Russian leather, which is perfumed with the tar of the birch tree, never molds, and merchants suffer large bales of this article to lie in the London docks in the most careless manner, knowing that it can sustain no injury from damp."

It might be appropriate to premise with a few words about odors in health, or at least the odors from the human body which we encounter when that body is presumably in a state of health. And it may be doubted whether healthy persons, properly bathed, carry an odor which should be perceptible to ordinary olfactories. Some persons possess or are surrounded by an aura so sweet and permeating that the sense of smell of some people may be beguiled into the impression that they smell sweet. But in our calculations we must here take care to eliminate those human fairies who, not

quite sure of the inertness of their bodily emanations, disguise or smother them with artificial perfumes ranging all the way from musk, civet, asafœtida or limburger cheese to the highest products of French enfleurage, such as attar of roses, frangipanni or patchouli.

Then comes the question of distinctive race smell. Does each race have an odor of its own? Should it be that we could make the rounds of the human menagerie and pick out the representatives of each race with our noses? We are all familiar with the African smell—enough to know that it is usually there—and are getting acquainted with the Chinese and Italian smells. The smell of a white man in an tepee or wigwam soon becomes intolerable to an Indian. And is each race immune to its own smell, noticing only the odor of one of another race?

Then there are odors, more or less pronounced, in those apparently in good health, due to aberrations in some function, secretion or excretion. Two very marked ones occurring in my practice come to mind: One was a young and buxom red-checked woman, strong, and apparently in good health, whose menstrual discharge was accompanied with such a pervasive, if not persuasive, odor that few could stay in the room with her, and at those times she had to adopt the expedient of absenting herself from society, or rather association with people. The other was a man in apparent good health, with a profuse sweating from the region directly beneath the axilla. Upon boaring the surface at any time the secretion could be seen extruding and trickling down the side, of a consistence a little thicker than perspiration, and of a most peculiar, disagreeable and penetrating odor, filling a room in a few minutes, and adhering to the furnishings for an hour after the man's departure. *Hepar sulphur* as the remedy was of material advantage in both these cases. (Another case, which I could not prescribe for, showing that the body odors are not always objectionable to their generators, was that of a big fat negro cook who wore a wad of absorbent cotton in her axilla, from which region she would at times slyly extract it and take a whiff of perfume, causing me to change my boarding house.)

The ammoniacal smell commonly clinging to old men, due to retained or dribbling urine, is only one of a number of similar instances that may occur to our minds, more or less mechanical in character, not usually associated with actual diseases.

Then there is the perfuming influence of food and medicine

on the secretions or excretions, as of asparagus and turpentine on the urine, for familiar examples.

Then there is the influence of occupation, environment or association, that often may not be inconsiderable, individual instances of which have probably come under the notice of each of you. And these occupation odors may persist through a severe illness, as in the case cited by Chomel, where the sweat of a groom suffering from pneumonia retained for six weeks the smell of the stable; or the children who came from a home where almost every thing they ate was fried, and who constantly carried a fried odor with them. Parallel with this point is the saying of the famous Parisian detective, Vidocq: "Place me in a crowd, and there I will pick out from among a thousand a galley-bird by the smell alone."

And as there are those whose sense of smell is hyper-acute, there are those, perhaps often more highly favored, who can smell very poorly. They may be placed with that happy class which, by reason of partial deafness, is relieved of the annoyance of the raspings of the little unnecessary noises so inseparable from city life.

And as there are sounds we cannot hear, so there are odors we cannot perceive, but which our intelligent friends next lower in the animal kingdom readily sense. I have rarely had this truth so plainly brought to my attention as at the time, in the fall of 1886, when the body of Mrs. Millis, found to have been turned to adipocere, was disentombed, entire and perfectly natural, after thirty-six years' repose in Greenlawn in this city. The metal casket, sealed with lead, with a glass face, was in a large room at the undertaker's. Those in charge, as well as the experts and visiting physicians, declared that there was absolutely no odor emanating from the casket, nor could I detect any. When I entered the large room I was accompanied by my dog, a huge Danish mastiff, a breed not noted for acuteness of smell, and the animal went at once to the casket and sniffed all around it in a tour of observation. Yet, interesting as this was, for nicety or acuteness it could not compare with the feat of a hound following for miles the shoe-trail of a strange man, leading over all kinds of substances, ranging from soft earth to solid stone, or of a setter standing for a covey of birds through and beyond another flock. The bovine race, while supreme in sensing vegetation odors, has little sensibility to the animal odors so keenly appreciated by the

carnivora, while the latter are as little influenced by the odors of plants and flowers. And who shall say that it is not ordained that the natural fear or love of animals for man is not profoundly influenced by the odor he carries or emits?

While man is far inferior to these animals in acuteness of smell (they having a special epithelial arrangement called Jacobson's organ for the purpose of scent), his sphere of susceptibility to various odors is more uniform and extended. His delicacy of smell is so remarkable that in some instances (according to Valentine) it can discern the presence of bodies in quantities so minute as to be indiscoverable even by spectrum analysis, as, for instance, three one-hundred-millionth part of a grain of musk. The friction of the electric machine produces in some a smell like that of phosphorus, and the galvanic current excites a smell like ammonia or acid, as the poles are used. And very nervous people may even smell something that is not present, and which others cannot appreciate, just as some odors may be agreeable to some persons and intolerable to others.

The mechanism of the perception of odorous substances is about as little understood as is that of visual or auditory impressions. But we need not at this time pay much attention to the basic anatomical or physiological minutiæ connected with the sense of smell, nor attempt to clear up the inexplicable cause or workings of that indefinable something which draws the line or constitutes the difference between what we appreciate as or call a good or bad odor. However, it may be well to add that we know nothing about the nature of odorous substances, and if we want to describe a certain odor we have to give the name of the substance which produces it or which it resembles. The act of smelling takes place by contact of air, laden with odorous particles, with the olfactory portion of the nasal chambers, and odorous particles give rise to olfaction only when suspended in gaseous media. For example, scented water poured into the nose (the tester being in a recumbent position) and kept there by the reflex closure of the nasal fossa by the soft palate, is not smelled, nor does a scented air current passing from the pharynx to the nares (back to front) give rise to an odorous impression. Thus, persons having habitually an offensive breath do not perceive it themselves, as in the case of catarrh, or onion eaters, though, of course, habit, or, rather, dulling of the olfactory nerve's sensibility because of long familiarity with one odor, would end in uncon-

sciousness of that odor, as sometimes happens in the vomitings from cancer of the stomach. Headache and severe sickness or faintings may result from this same continuous odor irritation, as has happened in choirs and at funerals where large masses of flowers, especially tuberoses, are displayed and the atmosphere is heavy and close.

The sense of smell may be cultivated to a wonderful degree. Remembering this, and considering its possible importance at times in the way of certainty, ease and rapidity of diagnosis, and in occasional changes or variations in cases of illness, as well as in the ordering of the arrangement of the sick-room, the physician should keep a nose well attuned to all the finer feelings and endeavor to cultivate its astuteness. The blind and deaf, deprived of senses, sometimes develop the others marvelously, that of smell almost equaling the dog's, and the same is true of aborigines, whose life may be a constant struggle for food or safety. Hysterical and insane people are also noted for acuteness in this respect, and some of the occult judgments and performances of somnambulists are dependent upon ability in this direction.

Coming now to the specific odors emanating from certain cases of disease, I wish to apologize, because of the paucity of the literature on the subject, for my inability to present a longer list, indeed, a definite one for every disease. I believe it reasonable to think that such a result is as possible as it is desirable. It has taken some picking and browsing to compile, from authorities and personal experience, the list of special pathognomonic odors I submit. And I hope that each of you may be able to make additions to it, now or in the future, and that in this way a collection may be gathered that will prove of great use both to ourselves and others in the way of lightening and expediting our work. I would suggest that, in the effort to avail yourselves to the utmost of the advantages of this help in diagnosis, you be particular to work early in the contact with the case and its surroundings, as first impressions are here ths best, and because the nose may soon get tired of a continuous performance and refuse to do its best or nicest work. It is because of this fact that the overpowering odor of flowers (as cited above) has reflexly caused quite severe sickness, even among well people, as for instance, in a choir in close atmosphere, headache, vomiting and unconsciousness; even the presence of a small bouquet in a sick room will often in a very short time make

the patient worse. While it may be difficult to insure the exactitude, or even the practical value of all the assertions, deductions or symptoms here given, I believe that enough has been adduced to clearly show that disease is not bounded by the surface or body, but goes beyond it.

The following presents some of the special pathognomonic odors that have not been previously noticed in this paper:

Were I pinned down to one word for each of the sexes by which to depict them by their odor, the words would be codfish and mushroom. That is, a woman's distinctive smell is that of a codfish and a man's that of a mushroom; and these odors are sexual in their origin.

In gout the skin secretions take a special odor, which Sydenham compares to that of whey; we may call it sourish, perhaps all not knowing the smell of whey; and there is more ammonia in the sweat.

In rheumatism the odor is acetoformic, particularly in the region of the engorged articulations (Monin). We may call it a sour-smelling acid perspiration.

In diabetes the smell is sweetish, mawkish; of hay, according to Latham, or rather acetone (Picot), or, according to Bouchardat, midway between aldehyde and acetone, being due to mixture, in variable proportions, of those two bodies.

In jaundice, chronic peritonitis and icterus the odor is of musk.

In scrofulosis it is like that of stale or sour beer, as fixed by Stark and Hebra.

In oppilation there is a vinegar smell.

A person with pyæmia has a sweet, nauseating breath, or of new-mown hay.

In intermittent fever the odor is that of fresh-baked brown bread, and in scarlet fever that of fresh baked common bread.

Yellow fever has a cadaveric smell, or like the washings of a gun barrel.

Typhoid fever has a kind of musty smell, often of the odor of blood. In typhus fever it is ammoniacal and mouse-like.

In measles it is measly, or like fresh-plucked feathers.

In milk fever the smell is acid.

Hysterical patients have an odor of violets, and the insane a kind of menagerie smell.

Sudamina has a putrid-straw odor.

Otorrhœa has a clinging, long-lasting odor, not forgotten when once sensed.

Scabies has a moldy odor, and uræmia an ammoniacal odor.

The dreadful odor of a case of ozæna or bad case of catarrh, as bad as a hen-roost, is familiar to all.

The atmosphere surrounding a professional onanist will have a rotten, mushroom-like odor, and an ill kept libertine will combine this with a codfish smell.

In cholera the odor is ammoniacal (Drasch, Parker), and the discharges have a spermatic (mushroom-like) odor.

Diphtheria has a sickening, gangrenous odor, and absolutely pathognomonic in case the patient has not been attended before it appeared.

Gangrene has an old, dead-meat smell, and so have some cancers at certain stages. If there is much old pus from an actively breaking-down cancer the odor is more often like that of decaying fish, and the smell of sarcomas is more apt to be of the latter character.

In the onset period of the plague the odor is sweet (Diemerbrœck), or honey-like, according to Doppner, who observed the plague at Vetlanka, as described in the London Lancet of Feb. 1, 1879.

Smallpox has a characteristic odor of its own, but modified as to the severity and stage of the disease, ranging from that of a fallow deer to the dreadful one of a whole menagerie; or it may be like that of a burnt horn; if it's a cow's horn, perhaps it's the far-famed bovine vaccination working out. And as to its usual corrollary, vaccination, it rankly smells to heaven, and its steps take hold on hell.

Berard says that, apart from the secretions, the cutaneous odor draws flies to the human body, and that, however little noticeable it may be, this denotes that death is near; and Boerhaave (aphorism 728 of the editio princeps) says that a cadaveric odor precedes death. Dr. Althaus tells us that Skoda was hardly ever led into error by this indication, and Compton of Birmingham, also laid great stress upon this as an important clinical symptom. But the smell given out at the death agony is totally different from the death odor, or of putridity, and is universally admitted to be specific. *Is it that of the soul?* As the soul dies with the body, and is resurrected with it, is this an unreasonable question? But this body, soul, *and* spirit proposition is another story, too long for consideration just now, and a trifle complicated, too.

PILOCARPINE AND MORPHINE.

By "The Country Doctor."

It is about fifteen years ago when some eminent member of the profession strongly advocated the use of small or medium doses of *Atropin* together with the usual dose of *Morphine* used in hyopdermic medication. The suggestion was at once well received and has been in fashion ever since, although to me it has not been perfectly clear why. I know only of one particular instance where this combination is of absolute value, and that is when injected before *Ether* is administered in surgical cases. At such times the *Morphine* creates a tranquillity of the patient's mind that greatly helps the successful use of the *Ether*, while the *Atropin* dries up the secretions from the bronchial tubes, or rather retards its increased production by the anæsthetic. In this particular instance I admit its effect, but for everyday use, to overcome pain or produce sleep, I frankly admit that I do not like the combination.

In its place I strongly recommend the profession to try the combination of *Pilocarpine* and *Morphine*, $\frac{1}{12}$ grain of the former to $\frac{1}{4}$ grain of the latter, or $\frac{1}{10}$ grain to $\frac{1}{3}$, or, as I generally use, $\frac{1}{8}$ grain P. to $\frac{1}{2}$ grain M. To my mind this is a very useful combination for general practice, the *Pilocarpine* increasing the secretions of the various glands in about the same rate as the *Morphine* checks secretion and leaves the patient with less damage afterwards than anything else that I know of.

Lately I have been unfortunate enough to have several patients, to whom it was necessary to administer from 3 to 6 grains [?] *Morphine* daily, hypodermically, for a month or two. Of course, under such doses, to persons not in the *Morphine* habit, total paralysis of bowels and bladder will occur, and, in fact, did occur whenever I was out of *Pilocarpine;* but when I made a combination as above described, or in that ratio, but never administering more than $\frac{1}{8}$ grain of *Pilocarpine* at any one time even if the *Morphine* amounted to 2 grains, I had scarcely any trouble at all. The difference is so great and so beneficial that I earnestly wish it was possible for me to show the effect to every physician in the land.

Years ago, when I was young and foolish, I used to pride myself upon how little I used the hypodermic syringe. I was proud of the fact that it was always dried up or out of order as

a proof of non-use; but I have bravely got over that idea some years ago and nowadays use *Morphine* very frequently, and in acute cases often find it all the treatment needed,—although I never used it in pneumonia until last winter, after I got the hang of combining *Pilocarpine* with it; when so used there is no danger of drying up the secretions, to do which generally means death to the patient,—and the more I use *Morphine* in acute cases the better I like it, and the patient is satisfied, pain, fever and fear relieved and a dose of cathartics next morning is all that is needed. After surgical operations I have always disliked to use *Morphine* if I possibly could get along without it, as the clogging up of the various secretions does not help the process of healing any, but used as here described it becomes safe; try it.

Be careful, however, with women well advanced in pregnancy, or after operations upon the female organs, for *Pilocarpine* is liable to create some very troublesome crampy, contracting pains in the uterus in some women, but not in all, just as it affects the testes in some men. If given alone, without *Morphine*, it can create severe hiccup, and will, as a rule, affect the left eye, almost blinding some people. I hope some enterprising manufacturing pharmacist will put up molded (not pressed) hypodermic tablets in the three sizes here advocated, for none, to my knowledge, is upon the market, and I feel sure that if this was done, and the physicians in general became acquainted with the working of the combination, the demand for such tables would be almost as great as for the *Atropin* and *Morphine* tablet of today. The "Cheap John" of the profession, however, will not bother about this improvement, for *Pilocarpine* is one of the most expensive alkaloids.

New Sweden, Maine.

THE MISSION OF THE INSTITUTE.

By T. C. Duncan, M. D., Chicago.

One cannot read the records of the early meetings of the American Institute of Homœopathy, as being recounted by Dr. Bushrod Washington James, without feeling that the fathers of our faith in this country had a clear idea of the mission this Society was destined to perform. They were earnest men in a noble cause. The choice of meeting places in the various large cities and points of influence shows that they felt that this

Society must be used to the utmost to advance the cause they had championed. Then there was an orator chosen to give an address, to hear whom the people were invited.

There were many copies of this address printed for physicians to distribute among the people. The Institute in that day was the Society propaganda. In 1857 this Society came to Chicago, as far away from New York then as San Francisco is now. For years the query was, where can we take the Institute where it will do the most good for the cause? That was the spirit that took the Institute to St. Louis in 1868, Boston in 1869, when we had a reception by the city fathers, and in 1870 when it came to Chicago. The same spirit took it to Philadelphia in 1876, to Chicago in 1893, and Omaha in 1898. The idea of influencing the Pan American representatives no doubt influenced the choice of Niagara Falls. The burning spirit of those who fight the battles of similia all along the line would carry the Institute to points where the most good could be done for Homœopathy.

For years the mission of the managers has been to erect a monument to Hahnemann, the great man of his day and our day. That has been accomplished. In Washington and Paris are enduring monuments to the founder of the medical revolution we represent and champion. The history of these two events and what they represent should be well written, translated into every language represented in the Institute and scattered far and wide, that the cause may win its conquering way to earth's remotest bounds.

The plans and purposes of the Institute should be carefully formulated, well understood and enthusiastically carried out. The spirit of the fathers should still guide it, from conquering to conquer. That would cause it to meet at objective points—west, south, east, and even across the borders. Delegates from the body could help the cause in Mexico, Europe, India and Australia. It would seem that the world is our field.

Some wisdom might be gathered from those who manage this American Medical Association and its cohorts. The lesser bodies this year meet in Washington, New York, Niagara Falls, Chicago and Milwaukee, while the matter of this large family will capture St. Paul and the region round about. The Institute might foster some children also. Have we not a Surgical Society and an O. andO. Society? There was a Pædological Society and other off-shoots. A Materia Medica Society was incubated. Let

it be hatched and take up the restudy and reproving of our artillery. These lesser bodies could meet at various points, on its way to the grand gathering at an influential centre. It might be to antidote the influence that detracts from the cause as will be felt, *e. g.*, at the twin cities. Remember that enthusiasm can make up for lack of *numbers*. A large board of censors or a council could be in continuous session and admit qualified candidates to membership. The certificate of membership and copies of the transaction displayed at all medical gatherings would enroll applicants constantly. The President of the Institute should visit the various State Societies to emphasize its purposes and mission. Let all the forces be mustered to advance the great cause of medical reform.

DATA WANTED.

Editor of the HOMŒOPATHIC RECORDER.

Some years ago the ever humerous *Life*, of New York, uttered a truism in about the following words: "Whenever the medical profession once adopts a fad it is powerful slow in breaking away," and the remark is applicable to the practice of vaccination.

It is not the purpose of the writer to combat the question of its prophylactic powers. Reliable statistics prove (?) that it is a preventive of variola. Equally responsible information shows that it is valueless. Vaccination is here objected to solely on *principle*. It is disgusting; unreasonable because of doubtful efficacy; unscientific in introducing into a healthy system a poison to prevent a disease which that person may never be exposed to, or susceptible of, septic, unclean.

It has been aptly said that *if* vaccination was *believed* in by those who practiced it quarantine would not be required. If the vaccinated are immune, why keep them away from the disease?

In recent conversation with a very good prescriber the writer was astonished to learn that he not only vaccinated continually, but that he had never questioned the advisability of it. On the other hand, there are thousands of laymen who know of ill effects having arisen from it, and who only submit to the assumed authority of the various health boards in order to get their children into school.

We have all seen baneful results from this virus. *Any physi-*

cian who denies the fact makes an acknowledgment that he has had a meagre practice. If we do not thus transmit scrofula, syphilis, or phthisis we are liable to. Why disinfect one's instruments for fear of conveying poison from a previous operation and voluntarily introduce this into a healthy constitution.

There are many conscientious physicians who do not know of any other means of preventing the disease who are, nevertheless, opposed to vaccination; who know that the credit given to the scarcity of variola is not wholly due to vaccination; who are aware of the fact that all pestilential diseases appear in unaccountable waves, and that very much praise should be attributed to improve sanitation.

Homœopaths know that there are other and safer, if not better, preventives. Certain internal medicines are prophylactics, and it is to demonstrate this fact that this paper has been written. Vaccininum (a potentization of the virus beyond its toxic force) is used by some; Variolinum (similarly prepared from the actual morbific product) by others; and, best of all, Malandrinum (which is more homœopathic because "similar" though not of the same) is evidently effectual in preventing the disease and is *known* to cure ill effects of vaccination—will prevent vaccination from "taking."

If intelligent allopaths, who are ignorant of any other prophylactic, should prefer to allow their families and patients to run the risk of contagion rather than to submit to the dangers of vaccination, why should homœopaths, who are aware of so harmless a safeguard, resort to one of uncertain efficacy and which is positively dangerous to health?

The writer has for years refused to vaccinate. The inoculation with a potency of *Variolinum* has been sufficient to allow of signing the School Board certificates, and as a preventive *Malandrinum* internally has been relied upon. During an attendance upon the only case in this part of the city within the past dozen years that remedy was used solely as a prophylactic, and without failure.

In view of the actual dangers of vaccination; of its possible inefficiency; considering the probable power of *Malandrinum*, and bearing in mind the wrong which is done to the people we are bound to protect (vaccination being practically compulsory), it is high time to give this desirable substitute a hearing.

There are those who argue in favor of vaccination because it is approved by many leading men in the profession, and to these the

axiom given at the beginning of this paper is recalled and may be supplemented by another. At a public meeting in Philadelphia during the discussion of a different subject an address was made by Dr. Albert Leffingwell, of Boston, in which he referred to the many adherents to evil customs in times past by worthy men; notably, the reform in the child-labor in the coal mines of Great Britain, during the agitation of which humane movement such otherwise good men as Richard Cobden and John Bright could not be made to see that there was anything demanding parliamentary interference. Gladstone had opposed the ten hour bill for women; many intelligent and pious Americans had defended slavery, etc.

Variola is not the *only* dread disease, it is not even the worst, not the most fatal. If it can be prevented by an inoculation with its own virus, so can others, so may all. Why then select this when it is not even prevalent? It is apparent that inoculation against all ailments cannot be wise. It is a violation of the Constitution of the United States (which protects bodily mutilation) to require this.

There may be some who are unfamiliar with the nature of Malandrinum, and to these the following information is offered: In the disease of horses, known among veterinarians as Grease, there appears a discharge which when conveyed to the udder of cows by careless milkers produces an eruption almost identical with the pustules of variola. This was erroneously called Malanders (from a closely related dry disease), and from it has come to us the name given to the morbific product under consideration which when potentized becomes, homœopathically, a preventive of the similar disease. Not, like vaccination, an isopathic preventive of the same malady. This remedy should be given internally, probably once a day for a week. It may be procured from any of Boericke & Tafel's pharmacies.

A copy of this article will be sent to the leading homœopathic journals, and the reader is requested to return an answer to the following questions at the earliest convenient moment, so that a compilation may be made of the honest opinion of all who are sufficiently interested in the welfare of humanity to care to bother this little about it. Do not repeat the questions, but give the *number* with the answer. Full credit will be given to all thus communicating and the result will not be published unless a desirable number of responses are received. If you can reply to these

questions, please do so *at once*, giving name and address plainly, if not cut this out, procure the preparation and report as soon as convinced:

1. Waiving the question of its efficacy, do you believe vaccination to be unsanitary?
2. Have you ever prescribed Malandrinum as a preventive?
3. Have those to whom you have given it been subjected to a possible contagion with variola?
4. Have you met with any failures?
5. Have you used it for the ill effects of vaccination?
6. With what result?

Wm. Jefferson Guernsey.

4340 Frankford Ave., Philadelphia.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Editor of the Homœopathic Recorder.

The Executive Committee desire to state as a final announcement, that the programme submitted by the chairman of the various committees indicates an exceptionally valuable series of papers and discussions for the forthcoming meeting.

The citizens of Richfield Springs have subscribed $2,000 to entertain the Institute. The social features of this year's session will in consequence be of unusal attractiveness.

The entertainments, which have all been arranged so as not to conflict with the work of the Institute, will make the week a particularly pleasant one, especially for the ladies.

There will not be a dull moment for any one at Richfield Springs, for between riding, driving, wheeling, boating, fishing and golfing every one may find recreation in the intervals of work.

We are also assured that at all the hotels every effort is to be made to make each member of the Institute a friend of Richfield. They look upon a convention of physicians as an opportunity to advertise the merits of their health resort rather than as we are usually looked upon, the legitimate prey of the landlord.

The railroads have made the customary fare and one-third rate for the round trip, and in addition have made special arrangements so that every one desiring to attend the Pan-American Exposition at Buffalo may do so without forfeiting the special reduced rate. Through cars to Richfield will be put on and

special connections made, so that Richfield will prove easy to reach from all points.

In all parts of the country unusual efforts are being made to secure along list of new members for this session, and from reports already received there should be a greater accession to our membership than ever before. As the cause of homœopathy depends upon the strength of our national organization, we appeal to every member of the Institute to make this most important work for the welfare of the school a personal obligation. Let every loyal homœopath secure one new member of the Institute this year.

Lastly, we call upon every homœopathic physician, be he a member of the Institute or not, to be present at this meeting; our visitors will be warmly welcomed as our members and we promise to one and all a most profitable and enjoyable meeting.

A. B. Norton, M. D.,
President.

E. H. Porter, M. A., M. D.,
Secretary.

HYDRASTIS AND CEANOTHUS.

By Dr. A. W. K. Choudhury.

Hydrastis Canadensis is a very good remedy in constipation. Dr. Richard Hughes, in his *Pharmacodynamics*, recommends a drop of the mother tincture in water before breakfast for constipation. A globule of the 1x, once or twice daily, has been given to patients suffering from constipation on many occasions and I remember no failure.

For illustration I give here cases as follows:

(1) A Mahommedan lady, aged about 40 years, mother of four children, came under treatment for intermittent fever July 29, 1900; she got *Sulph.* 1000 and got rid of the fever; but on its subsidence headache began; this, again, was treated with *Bell.*, *Platina*, *Merc. sol.* Constipation remained unaltered, she being habitually constipated since the 11th of August, 1900, till the 18th inst. She got no medicine, yet was improving save constipation and want of appetite, for which she was given *Hydras. Can.* 1x, one globule per dose, two doses daily, the 19th inst. Re-

ported one good stool, the next day. Under this medicine she was getting her bowels open daily once or twice.

Climacteric symptoms, which were not well developed in the commencement of her treatment, appeared and caused me to change *Hydras. Can.* for *Lach.*, under which she improved satisfactorily.

(2) This case is taken down from my Case Book, No. II. The patient, named Sâher Gâzi, a low class Mahommendan of about 30 years, came to my dispensary the 9th of November, 1894, for treatment. His illness was constipation, from which he had been suffering since about a week back.

History and symptoms of the case: One hard formed stool after two or three days; anasarca of abdomen; swelling of eyelids, that of the lower ones more marked and about an inch from the edge of the lids downwards; tongue slightly yellowish; urine little colored; taste in mouth sometimes sour; partial deafness of left ear as before, but somewhat less and disappearing at noon; felt pain in ear last night; pulse slow and weak; first sound at the base of heart rather indistinct; not good sleep last night; cough occasionally, with thick and white sputa; *loss of appetite;* palpitation after slight exertion; frequent and passing calls to urinate, so much so that if for any reason some delay happens to attend the call there is probability of involuntary urination.

Treatment.—*Hydras. Can.* IX, four globules per dose, one dose given. No change in diet.

4:55 P. M.—One easy, but formed, stool at about 11 A. M. to-day; œdematous swelling on lower lids somewhat reduced; pain above navel not felt after medicine; coughs; ear in the same state.

No more medicine given, diet as usual.

10–11–1894. 7:55 A. M.—Ear in the same state; occasional cough with no sputa; œdematous state of lower lids as mentioned above. Pain in abdomen above navel slight and for once only last night about 7 P. M. No more stool.

Repeated one dose to-day.

5 P. M.—One formed, but easy and free stool, at about 2 P. M. to-day; œdematous swelling of lower eyelids less; felt pain in abdomen above navel just before defecation, œdematous state of skin of abdomen less; ear in the same state.

Given no medicine, only placebo.

11–11–1894. 4:40 P. M.—One stool formed and easy; no pain in abdomen; œdematous swelling of lower eyelids still less, deaf-

ness continuing of the left ear; œdematous state of the skin of abdomen diminishing; cough less.

Repeated one dose for 24 hours.

12–11–1894. 9 A. M.—No more stool; œdematous swelling of skin of abdomen and that of lower eyelids much diminished; urine not colored; cough much less; ear slightly improved; sleep good; appetite improved; palpebral vessels injected; pupils dilated; no tympanitis.

Repeated one dose.

13–11–1894. 9 A. M.—One easy formed stool afternoon yesterday at about 2 P. M.; no more pain in abdomen; œdematous state of the skin of abdomen and of the lower eyelids almost gone; ear better; tongue slightly yellowish posteriorly; palpebral injection; pupils dilated; appetite much improved; sleep good; feels better than before.

Repeated one dose. Diet usual.

16–11–1894. 8:30 A. M.—One easy formed stool once daily, in the morning, since yesterday; sleep good; appetite good; œdema of skin of abdomen and of lower eyelids very slight; passing water much, increase in times of micturition, especially yesterday, so that since evening till 10 P. M. last night he passed water five times; palpebral injection and pupils dilated; no pain in abdomen above navel; slight deafness, no deafness since about 10 A. M. till 2 or 3 P. M.; not weary or tired after slight exertion; first sound at the base indistinct, but little better; pulse at the wrist weak, slow and soft.

Repeated one dose. Diet as above.

17–11–1894. 9:25 A. M.—Micturition less; one soft, free stool this morning; eyes with pupils dilated and palpebral congestion; no burning sensation of eyes; œdema of skin of abdomen and lower lids much less; spleen reduced; deafness as above. *Increase of urine since about a year.*

Repeated one dose. Diet as above.

24–11–1894. 9:10 A. M.—Daily, two formed stools; no increase of times of micturition; urine not colored; very slight œdema of skin of abdomen and lower eyelids; slight deafness of the ear remaining.

Repeated one dose.

25–11–1894. 9:10 A. M.—Coryza, cough and sneezing since yesterday; slight deafness; bowels open.

Placebo. Diet as above. To discontinue bathing.

29–11–1894. 9:15 A. M.—Daily, two formed stools; gets up only once to pass water per night; eyelid-œdema gradually disappearing; no palpitation; slight palpebral conjunctivitis; no sensation of sand and dust in the eyes; no burning sensation in eyes; no lachrymation; no photophobia; pupils slightly dilated; slight deafness.

Sulph 12, four globules per dose; one dose only was given. Bathing allowed.

6–12–1894. 9 A. M.—Daily, two normal stools; appetite good; gets up only once to pass water per night after going to bed; no œdematous state of skin of abdomen or of the lower eyelids; ear improving.

No more medicine.

11–12–1894. 8:25 A. M.—Daily, two stools; an attack of coryza and cough; gets up only once per night to pass water.

He discontinued attendance and recovered. In those early days of my homœopathic life I could not dare to come down to one globule, but I was reducing the number from six lower down as I have mentioned above.

The cure, as it appears from the report of the case above, was completed by a dose of *Sulph.* Why that dose of *Sulph.* was given when the patient was gradually gaining health under *Hydras. Can.?* The patient, being a life-long neighbor of mine, was known to me. He had syphilis before and was salivated for the same.

In this case the efficaciousness of *Hydras. can.* 1x in so minute doses, each dose containing four globules, is very apparent. If we study thoroughly and properly the case there remains no doubt about the effectiveness of the medicine in so minute doses. He was under treatment about a month, since the 9th of Nov. to the 11th of Dec., 1894, and during that long period he got only eight doses of the medicine, gradually putting him in the way of correction.

Before I leave this case for another I must note here one thing very remarkable, as I have already elsewhere noticed in any medical journal: disappearance of œdema with diminution of urination. We generally see œdema to disappear when increase of urination is induced by medication, but in this case œdema disappeared along with diminution of increase of urination.

(3) Accidentally and fortunately the same man again, whom we have traced bit by bit in the above case. This time he was ill

with intermittent fever and came to dispensary the 14th of Dec., 1894. His case is as follows:

Type.—Quotidian.

Time.—4 or 5 P. M., yesterday. 2 P. M., day before yesterday. 1 P. M., day before that day (above).

Prodromata.—Nothing mentioned.

Chill.—Not much, no thirst; lasting about some six hours; no aching of limbs or head, but tightness of head; nausea; spitting of saliva.

Heat.—Shorter; no thirst; occasional aching of knees; no nausea; spitting of saliva; tightness of head, with chill not allowing to uncover.

Sweat.—Slight, just after chill.

Apyrexia.—Incomplete; tightness of head; no nausea, but spitting of saliva.

No stool to-day; tongue moist, but posterior part yellowish and furred, with cracks; taste in mouth insipid; pupils dilated; coryza, with thick yellowish or whitish discharge from the nose; cough occasionally; no pain anywhere; urine reddish and passed with burning sensation. Aphthous condition of the mouth with smarting sensation when taking rice with vegetable curries prepared with condiments and chillies, etc.; feels pain in one spot on the tongue; papillæ raised on the tongue; obstruction of the nasal passages with coryzal thick discharge. No increase of times of micturition. Nothing bad with the ears. Bad smell of mouth.

Treatment.—*Hydras. can.* IX.

15–12–1894. 9:15 A. M.—Fever yesterday at about 1 P. M., with chill less than that of other days, with no thirst; chill lasting till about 2 P. M., then heat with slight chill, with heat and burning sensation of soles of feet and palms of hands, and of eyes, with shedding of tears. No sweat. No good remission. Frontal headache increased. Heaviness of head. One stool this morning, first hard then latter portion soft. Taste insipid in mouth; tongue moist, clean anterior part, with two or three longitudinal cracks, rather effaced to-day than that of yesterday; posterior part yellowish; papillæ raised; pupils dilated; increase of times of micturition last night (passed water three times); urine less reddish and passes with less burning sensation than that of yesterday. Hungry. Dry cough since 8 P. M. till 11 P. M., last night.

Was given placebo.

16–12–1894. 9:15 A. M.—Feverishness last night, evening till

morning, but less severe; nose not so much stopped up; no stool after that of yesterday morning; frontal headache less; dry cough last night from 9 to 10 P. M.; thick, yellowish, mucous discharge from nose; much hungry; tongue cracked anteriorly, but posteriorly yellowish; aphthæ continuing; fever-blisters on left labial commissure encroaching about half an inch inward on upper and lower lips, blisters more marked on upper lip. Feels better to-day than yesterday. Passed water twice last night. Urine colorless to-day—morning.

Placebo. Diet as usual to-day.

17–12–1894. 8:10 A. M.—No feverishness yesterday; no dry cough last night; one normal and free stool at about 11 A. M., yesterday; coryza less than yesterday; aphthous condition continuing, the cracks diminishing in depth; fever-blisters of the color of the mouth not increased; no stool this morning; good sleep last night; passed water last night, once. Took rice once yesterday, and feels hungry now. Better than yesterday. No complaints of ear. Worked in the field yesterday.

Placebo. Two usual meals.

18–12–1894. 9 A. M.—No more fever; no dry cough last night; one normal, free and formed stool at about 2 P. M. yesterday; appetite good; sleep good; passed water last night only once; no complaints of ear; coryza less; tongue, cracks disappearing; aphthous condition lessening; fever-blisters healing up. Yesterday worked in the field. One formed and free stool to-day—morning.

He recovered. He received no more medicine, got only one dose of two globules. Now see the effect of the medicine with still minute a dose.

Note here, my readers of the HOMŒOPATHIC RECORDER, a case of intermittent fever recovered with a single dose of a homœopathic remedy, and especially with *Hydras. can.*, a rare medicine for the treatment of fevers.

Further illustrations of *Hydras. can.* would be needless, so I wish to take any other medicine.

Ceanothus Americana.

Ceanothus Americanus. No need of mentioning that it is a good splenic remedy. I see Dr. Burnett, of England, uses the 1x or 1c dilutions in 4 or 5 drop doses twice or thrice daily to produce any good effect on the enlarged gland in a month or two or so. I administer the mother tincture in one globule dose, a dose daily.

Bengal is a fertile field of hypertrophy and induration of the spleen; we can see here cases of acute splenitis and enlarged spleen with dull aching and tenderness under pressure. In our hands *Ceanothus* has wrought marvellously rapid and beneficial action in acute splenitis. In enlarged spleen with dull aching and tenderness under pressure its good action is also remarkable. Chronically hypertrophied and indurated spleen is the least affected by the remedy. I am sorry to note that very few cases with indurated and hypertrophied spleen I have found to continue under the remedy for a longer period to examine its result. The result it has produced in these is good. In most of our spleen cases we see constipation and irregularity in opening of the bowels. *Ceanothus* brings regularity in the action of the bowels, and patients get always daily one or two normal stools. In one lady—patient of hay asthma—*Ceanothus* has produced on two different occasions coryza with constant sneezing, gradually developing an asthmatic fit when taking a globule of the mother tincture twice daily. She could not continue under the dose twice daily. Two such doses daily I have seen in some to produce a fever. This I write here, as Dr. Burnett "could not find it affected any other organ—liver, kidney, bowel—save and except the spleen in his tenth case of his Diseases of the Spleen." I don't agree with him in this point. *Ceanothus* has produced in my hands with that very minute dose of the mother tincture symptoms mentioned above.

I dare say from my experience that this one globule dose, either of the mother tincture or of the higher dilutions, is always powerful and capable of producing medicinal effects better than those that are obtained in one or more drop doses. I have seen here practitioners use homœopathic medicines, giving one, two, three or four times daily without any medicinal aggravation, if repeated even twice daily. So I am sure that this one-globule dose is more effective than one or more drop doses. This effectiveness of the medicine is only found when it is the right remedy for the disease.

Homœopathy claims economy as one of her undisputed property, and in adopting my way of prescribing one may well observe it. One drop will cure a hundred or more patients, while the other party will require many drachms of the same medicine to do the same work, if treated with one or more drop doses.

Just below the above quotation Dr. Burnett has, "As far as I could ascertain, the secretions and excretions were not affected

in the least degree; the remedial action must, therefore, be considered specific;" but I can not safely endorse to the above opinion, as I have often witnessed in my practice patients who get the minute dose of the mother tincture of *Ceanothus* get their constipation removed, and daily one or two normal stools. *Ceanothus* removes constipation in spleen-patients and gets regularity in the action of their bowels with the minute dose of the mother tincture should not be taken to an infallible practical truth until confirmed by further experience.

The following are two cases of *Ceanothus* used in the minute dose of the mother tincture:

Case No. 1.—Patient, a female adult, a relation of mine, a patient of hay asthma, was under treatment for some disease; when cured she placed herself under my medical treatment for enlarged and tender spleen the 15th of August, 1900. Her medicine had been stopped six days before she came under treatment for the enlarged spleen. This is case No. 168 of my Case Book XII.

She was given *Ceanothus θ*, one globule per dose, one dose daily. She was habitually constipated. Continued medicine regularly by taking daily one dose till the 21st inst. and stopped till the 4th of September next, when she complained of aching in spleen since one day back; there was no chill, heat latter part of the previous night, no sweat, getting daily one scanty stool. She got one dose (as above) of *Ceanothus θ* for the day. Next day she reported aching in spleen, flatulent distension of the descending colon, and of one stool. Was given two such doses per diem.

6-9-1900.—Aching in spleen less. Flatulent distension only in the lower part of the descending colon. Pain under percussion on right hypochondrium and epigastrium (she having had slight painful enlargement of the liver since before). Repeated two doses.

7-9-1900.—One better stool yesterday; aching of spleen last night only.

Two doses repeated.

9-9-1900.—Coryza with sneezing since daylight before yesterday. No medicine yesterday.

"This patient is hay asthma patient. Once on a previous occasion I gave *Ceanothus θ*, a globule a dose. This produced in her coryza, sneezing and cough. She has got cough to-day." (Just what is in my Case Book.) There was no aching in spleen.

Thus I have to differ from Dr. Burnett even with so very minute a dose. It produced in her, on two very different occassions, symptoms indicating irritation of the respiratory tract producing sneezing, coryza and cough.

Thus she continued under *Ceanothus θ* for some days, sneezing, coryza and cough disappearing on discontinuing or lessening the dose, and keeping her bowels open once or twice as the repetition of the dose if not producing coryza and cough. The aching of the spleen and its painfulness under pressure and reduction in its size followed the treatment, but here the remedy could not beget thorough cure.

The above case shows, as in many other cases in my practice, that *Ceanothus* has a good efficacious effect on spleen, though it failed to cure in this case. This is the "inherent defect of organopathy," so honestly remarked by Dr. Burnett. Readers should remember that in this *Ceanothus* produced action on the intestines and respiratory tract as well as on the spleen.

Time puts me back to collect another suitable case of *Ceanothus*, as I am in a great hurry to close the paper for the journal.

Satkhira P. O., Calcutta, India.

OBITUARY.

Dr. George Christie McDermott, who for more than twenty years has been a prominent physician in Cincinnati. died on May 8th. It was only after a long struggle that he succumbed to that dread malady, Bright's disease. On May 21st, two years ago, his first attack came, followed by a paralytic stroke. This so weakened him that the collapse came last October. Since then he was unable to leave his home, during which time his wonderful vitality and the results of an active life sustained him.

Dr. McDermott was a Canadian by birth, having been born near London, Ont., on July 29, 1848. He came to Ohio early in life and studied at the Cleveland Homœopathic College, graduating in 1868. He began the practice of medicine, making a specialty of the eye and ear, in Warren, Pa., where he married Miss Clara Waters on August 14, 1872. Later he took a course in the Ophthalmic College, New York. Graduating, he began a practice in Milwaukee.

In 1880 he moved to Cincinnati. For fifteen years he filled the chair of ophthalmology in Pulte College. He had an enviable record in the fact that nine pupils received a thorough preparation under his guidance, have been awarded gold medals for their proficiency at the Ophthalmic Institute, New York.

OBITUARY.

James Compton Burnett belonged to an old Scotch family, the younger branch of which came south, notably Gilbert Burnett, afterwards created Bishop of Salisbury, from whom James Compton is directly descended. The name Compton was taken about the year 1770, on the marriage of his grandfather with a Miss Compton, of Hampshire, a lady of large fortune, at whose desire the addition was made. There were several sons of this marriage, one of whom, Charles by name, married a Miss Sarah Wilson, and James Compton Burnett was their son. He was born at Redlinch, in Wiltshire, July 21, 1840, his father being a considerable landowner in that neighborhood.

He had an ordinary English education until he reached the age of sixteen, when he went to school in France for a term of about three years. After this he travelled for several years, principally on the Continent, studying philology, the love of which in him amounted almost to a passion, and he had serious thoughts of devoting his life to that object.

Deciding later on to study medicine, he became a student at Vienna, and was so absorbed in the study of anatomy that he devoted two years more of his time than the ordinary curriculum demanded to that branch of science. He prepared many valuable specimens for his professors during that term, most of which are now preserved in the Pathological Museum, of Vienna. It was doubtless this long course of study, with his own great gift of perception, which enabled him in after life to diagnose complicated disease with almost absolute certainty. Having taken the Vienna M. B., 1869, he entered Glasgow University and studied there until in 1872 he took the M. B. of that University, taking the M. D. in 1876. Passing through a brilliant examination in anatomy, lasting one hour and a half, the professor shook hands with him, saying that he had never examined a student with so brilliant and thorough a knowledge of anatomy. The same professor, on hearing later that he had decided to become a homœopath, entreated

him to alter his mind, saying he was convinced that he would reap all honors in the medical world, and that he was throwing his life away. His reply was, "that he could not buy worldly honors at the cost of his conscience," and he continued to fight the good fight of Homœopathy to the last day of his life. The reason why he did not take his M. D. degree till four years after graduating M. B. was that he wrote his first thesis on "Specific Therapeutics," and the homœopathic flavor was too strong for the examiners, who rejected it in spite of its merits. His next essay evaded such dangerous ground and was duly accepted.

The cause of Burnett's dissatisfaction with allopathy and his conversion to Homœopathy are related in "Reason Number 1" in his *Fifty Reasons for Being a Homœopath.*

He began practice in Chester, and afterwards practiced for a short time in Birkenhead, from whence he came in 1877 to London, where he has carried on a large consulting practice for twenty-three years.

Beloved by all his friends, in his home he was idolised. The helpful sympathy and kindly interest always shown to his patients makes realistic in a high degree how vast would be the love and tenderness lavished on those who were dearest to him; the loss to all who were brought in contact with him is truly great, to them rreparable. He leaves a widow and family, for whom the deepest sympathy must be felt.

Such was Burnett the student and the man. The history of Burnett the physician is writ large in the lives of thousands who owe health restored or health improved to his genius; and in the precious clinical record of his published works.—*Homœopathic World.*

IN MEMORY OF THE LATE WILLIAM NOAH GUERNSEY, M. D.

The Homœopathic Medical Society of the County of New York, at its May meeting, adopted the following resolution:

WHEREAS, The sudden death of our friend and colleague, Doctor William Noah Guernsey, produced a profound impression upon all to whom he was known; but by none was the melancholy announcement received with more sorrow than by his immediate professional associates, and

WHEREAS, It has pleased the Allwise Ruler to take from our number our highly esteemed friend and co-laborer, and

WHEREAS, In consequence of this dispensation, we are this evening assembled to contemplate our sad bereavement and give expression to our attachment and respect for the deceased; therefore,

Resolved, That in the demise of Dr. Guernsey the medical profession has lost one of its most brilliant representatives, and this Society an honorable and faithful member.

Resolved, That we will ever cherish the memory of our late associate, whose example of fidelity to the science of medicine and uprightness of character should stimulate us to more thorough discharge of our professional obligations.

Resolved, That we tender the surviving members of the family of Dr. Guernsey an expression of our warmest sympathy in their deep affliction.

Resolved, That the secretary spread these resolutions upon the minutes of this Society, and forward a copy of the same to the family of the deceased and to various homœopathic medical journals.

F. E. DOUGHTY, M. D.,
J. H. DEMAREST, M. D.,
S. F. WILCOX, M. D.,
Committee.

BOOK NOTICES.

Atlas and Epitome of Obstetric Diagnosis and Treatment. By Dr. O. Shaeffer, of Heidelberg. *From the Second Revised German Edition.* Edited by J. Clifton Edgar, M. D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 122 colored figures on 56 plates, 38 other illustrations, and 317 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.00 net.

This book treats particularly of obstetric operations, and, besides the wealth of beautiful lithographic illustrations, contains an extensive text of great value. The symptomatology and diagnosis are discussed with all necessary fullness, and the indications for treatment are definite and complete. In this new edition both

text and illustrations have been subjected to a thorough revision. Most of the colored plates are new, and illustrate the modern improvements in technique as well as a vast amount of new clinical material.

Atlas and Epitome of the Nervous System and Its Diseases. By Professor Dr. Chr. Jakob, of Erlangen. *From the Second Revised German Edition.* Edited by Edward D. Fisher, M. D., Professor of Diseases of the Nervous System, University and Bellevue Medical College, New York. With 83 plates and copious text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.50 *net.*

In this Atlas the author has portrayed an instructive section of medicine which is usually extremely difficult of mastery by students and practitioners. This work will be of great value to the physician. The matter is divided into Anatomy, Pathology, and Description of Diseases of the Nervous System. The plates illustrate these divisions most completely. There is probably no work in existence in which so much is compressed within so small a space. The book is comprehensive and practical.

Vaccination a Curse and a Menace to Personal Liberty, with Statistics Showing Its Dangers and Criminality. By J. M. Peebles, M. D. 326papes. 8vo. Cloth, $1.25. Battle Creek, Mich.: Temple of Health Publishing Co. 1900.

This is about as strong a book against the practice that is everyday becoming a more burning question among the people as was ever published, and anyone wanting facts for fighting purposes cannot find them in greater numbers in any other book.

Atlas and Epitome of Ophthalmoscopy and Ophthalmscopic Diagnosis. By Prof. Dr. O. Haab, Director of the Eye Clinic in Zurich. *From the Third Revised and Enlarged German Edition.* Edited by Geo. E. de Schweinitz, Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 152 colored lithographic illustrations and 85 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $3.00 *net.*

The great value of Prof. Haab's Atlas of Ophthalmoscopy and Ophthalmoscopic Diagnosis has been fully established and entirely justifies an English translation of his latest edition. Not only is the student made acquainted with carefully prepared ophthalmoscopic drawings done into well-executed lithographs of the most important founders' changes, but in many instances plates of the microscopic lesions are added; the whole furnishes a manual of the greatest possible service, not only to the beginner in ophthalmic work, but to one who has already far advanced and desires to compare the observations of his own service with those of the rich clinic from which Prof. Haab has gathered his plates.

Essentials of the Diseases of Children. By Wm. M. Powell, M. D. *Third Edition. Thoroughly Revised* by Alfred Hand, Jr., M. D., Dispensary Physician and Pathologist to the Children's Hospital, Philadelphia. 12mo. 159 pages. Philadelphia and London: W. B. Saunders & Company. Price, $1.00, net.

In this revised edition numerous additions and changes have been made in the book, so that it continues to represent the present state of pediatrics. The book aims to furnish material with which students may lay the foundation for the successful practice of medicine among children. The section on Infectious Diseases has been rewritten, as well as many of the paragraphs on pathology. A number of new chapters have been added, among others one on Infant Feeding.

Atlas and Epitome of Labor and Operative Obstetrics. By Dr. O. Schaeffer, of Heidelberg. *From the Fifth Revised German Edition.* Edited by J. Clifton Edgar, M. D., Professor of Obstetrics and Clinical Midwifery, Cornell University Medical School. With 14 lithographic plates, in colors, and 139 other illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $2.00 *net.*

There is no branch of medicine or surgery that is so difficult to demonstrate as that of midwifery; hence, any positive aid, such as this Atlas furnishes, is to be hailed with satisfaction. The author has added to the multitude of obstetrics already shown by illustration many accurate representations of manipulations and condi-

tions never before clearly shown. As a guide in the perusal of text-books and as a volume of ready reference, this book will prove invaluable.

BOERICKE & TAFEL,
PHILADELPHIA, PA.

Dear Sirs: Your Raue's "Diseases of Children" has been in my hands now some two months, during which time I have carefully examined the work; and in thanking you for the favor of a copy I desire to express my satisfactory opinion of the merits of the book. What it lacks in verbosity it certainly makes up in clearness. The classification of the various disease conditions are ample and plain; the indications for the remedies are clear cut and homœopathic. The chapter on feeding is an excellent essay on that hard proposition. Altogether it is good, new, and worthy of being recommended to my class, which I shall do.

Yours truly,
ERNEST P. MILLS.

Oleathe, Kan., May 22, 1901.

"ELECTRO-THERAPEUTICS AND X RAYS is the title of a new book by Charles Sinclair Elliott, and published by Boericke & Tafel, Philadelphia. The price of the book is $2.50, and it is well worth the price. Dr. Elliott has written much, and was well prepared to write the volume before us. Electricity is a valuable curative agent, but its use is greatly abused by the ignorance of those who attempt to apply it. This work teaches what current and how it should be administered in each disease as well as the principles of electro-therapeutics."—*Dr. L. D. Rogers.*

M. VERNEUIL recently read a paper before the French Academy of Medicine in which our old homœpathic *Calendula* was strongly commended. He uses it freely on all boils, carbuncles and sores and finds it arrests the progress of the diseases, allays pain, reduces the fever, disinfects the purulent and gangrenous cirotics and hastens healthy granulations. He prefers the non-alcoholic, the *Succus calendular.*

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

Dr. R. Rupp, *Pediatrics*, says that a few years ago enthusiasts on antitoxin "gave only 1,000 or 1,500 units, and found that quantity all sufficient for cases that are now given 3,000, 6,000, and 60,000 units."

In same journal a Dr. Koester gave a rather interesting point on the making of antitoxin, after stating that rashes are more frequent now than formerly. "At one time the Board of Health of New York City had had as horse, known as No. 7, who furnished an antitoxin which never gave any rash no matter how large the dose employed. The serum from certain other animals had been known almost uniformly to cause rashes."

In a paper (*Pediatrics*, April) on the use of alcohol in acute infectious diseases of children, Dr. Augustus E. Bieser lets fall the following remark: "I think it a reasonable estimate to say that 95 per cent. of ordinary diphtherias get well on rational treatment." This treatment is "mercury, iron, and whiskey, especially whiskey." In a series of 195 cases, including twenty-five of the worst variety, he lost eleven cases. Antitoxin not used. Where, then, does the startling reduction in mortality under antitoxin come in that we hear of ever and anon?"

Dr. E. D. Larkins, of East Downington, Pa., says there is a good opening in that place for a young homœopathic physician. The practice is already established, having been built up by the late Dr. Leach, of that place.

The following is from *Merck's Report* for May:

Mullein Oil.

"M. G. S.—There are several preparations on the market known by the name of "Mullein Oil," one, for instance, being a hydro-alcoholic tincture of mullein flowers, another being an oleaginous infusion of the flowers. The latter is used by homœopathists as a remedy for earache, and is said to be prepared as follows:

Mullein Flowers, ... 4 oz.
Olive or Cottonseed Oil, ... 16 oz.

Digest the flowers in the oil for a week or two at a temperature of 75° to 80° F., or, in summer time, expose to sunlight; then filter through paper.

Two or three drops of the oil are dropped into the affected ear, or introduced on a cotton pledget."

There are pharmacists who prepare Mullein Oil that way, but it is not true Mullein Oil. The genuine is prepared from the bloom only and contains no olive or cottonseed oil. The preparation containing cottonseed, or olive oil, has but little, if any, virtue.

Probably in no part of the world is Homœopathy more popular or better practiced than in India. The "homœopathic practitioners" there believe in similia and practice it faithfully. That this is so is due partly to the fact that Homœopathy is rational and appeals to the logical mind, and partly to the good work done by the Homœopathic Medical School of Calcutta, under the able management of Dr. M. M. Bose, who for the past twenty years has faithfully taught the principles laid down by Hahnemann in that school. According to the last report quoted in the *Monthly Homœopathic Review* the past year has shown a great extension of the work, pupils flocking in from the remoter native states and provinces, like Kapurthella, Kumaon Hills, etc. Dr. Bose and his school are doing good work.

The University of Pennsylvania (Philadelphia) is about to erect, at a cost of more than $500,000, exclusive of grounds and equipment, a medical laboratory building which will be unexcelled in every respect. The trustees are also contemplating the erection, in the future, of a new medical hall, anatomical building

and auxiliary buildings, which will adjoin the new laboratory about to be erected, and which will form one of the most extensive systems of buildings devoted exclusively to the teaching of medicine in Europe or America.

The new medical laboratory building, which will be erected at once, will be quadrangular in shape and will be located on the south side of Hamilton Walk, between Thirty-sixth and Thirty-seventh streets. The building will be two stories in height above a high basement, and measures 340 feet front by nearly 200 feet in depth.

THE thirty-seventh annual meeting of the Homœopathic Medical Society of Ohio was a very successful affair. One hundred and nine members registered their attendance. The papers were of an unusually high order, some in particular showing the result of years of careful and discriminating study along special lines. Dr. J. W. Means, of Troy, O., is to be again congratulated upon the success attending his administration. The president-elect is Dr. Thomas M. Stewart, of Cincinnati, O ; 1st vice-president, Dr. G. D. Grant, Springfield, O.; 2d vice-president, Dr. J. P. Hurshberger, Lancaster, O.; secretary, Dr. A. B. Nelles, Columbus, O.; treasurer, Dr. T. T. Church, Salem, O.; necrologist, Dr. D. H. Beckwith, Cleveland, O.

The next meeting of the homœopathic physicians of Ohio will occur in Columbus, May 13–14, 1902, and those most interested will not be allowed to forget time, or place, or where, or when.

THIS is from a paper by Dr. Charles Ott, of Kansas City, printed in the *Medical Chancellor* for May under the heading "The Treatment of Cancer:"

"Surgery cannot boast of many cures. Said a very prominent surgeon: 'I have operated 147 times for cancer of the breast and all but two have returned, and I am not sure that these two were cancer.' And he was not a medical pessimist, for medical text-books claim only about 15 per cent. of cures."

Why not seriously try internal remedies? Drs. Allen and Burnett have shown that, at least, cure is possible. Read Burnett's book on *Tumours*, first freeing the mind from former teachings—if necessary.

In the Transactions of the *American Institute of Homœopathy* for 1900, Dr. Bushrod W. James, of Philadelphia, is reported as follows:

"I think it is much to the injury of Homœopathy to use the term 'physiological,' as it is ordinarily applied to the effects of drugs. In one of our hospitals some time ago there came in an order for *Digitalis* with the request that it be obtained at an allopathic drug store. I condemned this request and inquired the reason for an allopathic preparation being asked for by those in an homœopathic institution. The answer given in reply to the query was that it was wanted for its physiological effects, to stimulate a weak heart. There is no warrant that I know of in our Materia Medica for the stimulation of a weak heart by the exhibition of *Digitalis*. It, like all other remedies, must be prescribed upon the totality of symptoms, and not for the special purpose of stimulating the heart. I think, as members of this Institute, that it is wrong for us to prescribe drugs simply upon physiological indications, either in our own practice or in hospital work. I, for one, wish to record my hearty condemnation of any such method of prescribing."

"The manufacture of anti-toxin serum, closely examined, reveals some surprising things. In a man natural immunity is established by a process in which the bacteria take some part, while the so-called anti-toxin horse serum used for immunization of man is elaborated in the animal by some phenomena in which the microbes take no part; for the toxin injected into horses is first freed from bacteria. This, to my mind, is already a different thing. When to this fact is added the likewise very important consideration that the horses are tested with tuberculin, injected with tetanus anti-toxin, and further inoculated with the mallein of glanders the confusion becomes worse confounded, for surely these substances must produce some constitutional changes in the animals which are transmitted to the serum. But this is not all! Not until to some preparations of anti-toxin an antiseptic has been added is the serum considered finished and ready for use.

"When we know that many cases of diphtheria are complicated with other throat affections against which the Klœbs-Lœffler anti-toxin serum has no effect, and the unestablished grounds on which the whole theory rests, it should no longer seem strange that to-day many men will not use anti-toxin, but rather surprise should

be evinced that there still remain some one who persist in using it on the insufficient evidence brought forward in its favor."—*Medical Record, March 11th, 1899.*

"Among the most potent of all the agencies that have assisted in improving mortality ratio is the 'indicated remedy.' If our experience in homœopathic therapeutics was limited to post-operative treatment, the results are sufficiently striking to fully justify all that is claimed for similia. The list of remedies is not a long one: *Arnica*, in contused states; *Calendula*, as a vulnerary; *Hypericum*, as an analgesic; *Aconite*, for acute stages of pyrexia; *Arsenic* and *Lachesis*, for septic infection; *Hepar* and *Merc. viv.*, suppuration; *Rhus* or *Belladonna*, in threatened erysipelas; *Bismuth*, *Ipec.*, *Tart. em.*, or *Nux vom.*, for emesis; *China*, for anæmia, and a few others complete the list.

Finally, if pressed for a classification of all the factors in order of value, I think remedies, as indicated, would head the list, and only second in importance would be rapidity in operating and the minimum of handling. Another factor that plays a most important part, and one that can only come from extensive experience, is selection of cases. Many cases are now refused that formerly would have been operated. Perhaps it is not impossible that as much as one-half the gain in respect to mortality could be credited to this one element. There are minor considerations, that is, minor when considered alone, largely matters of 'negation,' as some one has said, such as no drainage, at least through the wound, and avoidance of flushing the peritoneum with 'chemical' solutions (bi-chlorides and the like), must be given a certain value."—*James G. Gilchrist, M. D., in Trans. A. I. H., 1900.*

The vomiting of young infants is a small matter, and is usually due to their having taken too much milk. Later on, in cases where there is no fever, it is caused by a spoiled stomach; but where there is heat, it points to a burning fever or an eruptive fever. If the vomiting is repeated and attended with constipation, there is danger of an inflammation of the meninges. If the vomiting is attended with greenish-yellow watery diarrhœa, this is due to inflammation of the bowels, or cholera infantum.

PERSONALS.

Menelik is a reformer as is one; he prohibited the use of tobacco in his country, Ethiopia, and what he says goes—or the head does.

The law of survival will soon be showing its hand among the medical journals—though not always the fittest survive, it's generally the advertisingist.

Dr. E. G. H. Meissler, of *Curanter, Curenter* fame, has removed to Ontarioville, Ill. Dr. Meissler is a retired physician.

Six days in jail on bread and water for "working in his garden on Sunday," is the sentence of a Pennsylvania man. Swift punishment for the criminal!!

"The beauty of, and glory and strength of serum-therapy has not, as yet, been fully acknowledged."—*Medical Visitor.*

Dr. B. F. Lucas has removed from Grace to Altus, Ark.

Dr. Arthur S. Allard has removed from Hancock to Calumet, Mich.

Dr. Neal has found the "germ of cancer" in vegetation, trees, etc. Next!

With a million dollars capital "we firmly believe our sales will reach," in time, a half a million a year.

"We turn out 3,000,000 tablets daily." These alone ought to nearly "reach" half a million a year, saying nothing of other goods.

Talk of Wall street!

Dr. James' history of A. I. H. in RECORDER opens up some exceedingly interesting vistas of the past, and useful ones, too, to the broad minded man.

Papa called down at 11:30 P. M.: "Is that young man gone?" and Ethel called up, "Yes, awfully."

Better a slip in diagnosis and a cure than the reverse.

"Take one after each meal," is good advice when tooth-picks are meant.

Governor Follette, of Wisconsin, has vetoed the Collins Compulsory Vaccination Bill.

Dr. Brunon says that beefsteak and onions, with lawn tennis, is more efficacious in the treatmentof consumption than the sanatorium system of Germany.

A scientist inquires "Why do we wink." Let him visit a prohibition town.

The hod carrier is always on top.

New York Lancet says not to be vaccinated is "a crime." Dear old moss-back, so they once said about bleeding; only not to bleed a patient was said to be "murder," but it wasn't you know.

THE

HOMŒOPATHIC RECORDER.

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HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Fourteenth Annual Session.

The fourteenth annual session of the American Institute of Homœopathy was held in Chicago, Ill., the meeting being called to order at ten o'clock A. M., on Wednesday, June 3, 1857, by F. R. McManus, M. D., of Baltimore, Md., the General Secretary.

After roll call, J. P. Dake, M. D., of Pittsburg, Pa., was elected Chairman; D. S. Smith, M. D., of Waukegan, Ill., General Secretary, Geo. E. Shipman, M. D., of Chicago, Provisional Secretary and S. S. Guy, M. D., of Brooklyn, Treasurer for the ensuing year.

The Board of Censors elected was J. S. Douglas, M. D., Milwaukee, Wis.; D. M. Dake, M. D., Pittsburg, Pa.; A. E. Small, M. D., Chicago, Ill.; G. W. Swazey, M. D., Springfield, Mass., and Lewis Dodge, M. D., Cleveland, O.

The Chairman appointed Walter Williamson, M. D., Philadelphia, Pa.; C. F. Manchester, M. D., Pawtucket, R. I.; N. H. Warner, M. D., Buffalo, N. Y.; William Gallupe, M. D., Bangor, Me., and F. W. Skiles, M.D., Iowa City, Iowa, as a committee to audit the Treasurer's accounts.

The Chairman of the Board of Censors, J. S. Douglas, M. D., reported the following as qualified for membership and they were therefore elected.

A. R. Bartlett, M. D., Aurora, Ill.; Geo. E. Shipman, M. D., M. Slocum, M. D., J. L. Kellogg, M. D., D. A. Colton, M. D., G. D. Beebe, M. D., R. Ludlam, M. D. and Aaron Pitney, M. D., all of Chicago, Ill.; E. A. Guilbert, M. D., Dubuque, Iowa; Philo

L. Hatch, M. D., Dubuque, Iowa; John Ellis, M. D., Detroit, Mich.; Francis Woodruff, M. D., Ann Arbor, Mich.; Joseph Sill, M. D., Kalamazoo, Mich.; L. E. Ober, M. D., La Crosse, Wis.; G. W. Chittenden, M. D., Janesville, Wis.; W. M. Williamson, M. D., Appleton, Wis.; John S. Pfouts, M. D., La Crosse, Wis.; A. Giles, M.D., Racine, Wis.; W. S. Hedges, M.D., Jamestown, N. Y.; Jared G. Baldwin, M. D., New York, N. Y.; Joseph B. Ward, M. D., Saratoga Springs, N. Y.; Chas. T. Harris, M. D., Balston Spa, N. Y.; F. B. Gardner, M. D., San Francisco, Cal.; Seth R. Beckwith, M.D., Cleveland, O.; William A. Reed, M.D., Philadelphia, Pa.; C. A. Jaeger, M.D., Elgin, Ill.; and A. P. Holt, M. D., Lyndon, Ill.

In the afternoon the Institute met at Metropolitan Hall. Dr. Swazey offered a resolution that the next annual meeting should be held in New York; Dr. Small amended to Brooklyn, which, being accepted, it was resolved to meet in Brooklyn on the first Wednesday in June, 1858.

Dr. C. M. Dake's report on "Anæsthetic Agents, Their Use and Abuse," was called for, but the Doctor being temporarily absent and still in communication with parties in Europe, he was not quite prepared. Committee continued on motion of A. W. Gray, M. D.

Dr. Gardiner, being absent, made no report. Dr. Williamson read a letter from him asking a continuance or a discharge, and on motion of Dr. McManus he was continued.

W. E. Payne, M. D., from Committee on "Repetitions and Alternations," presented his report which was accepted.

The Committtee on "Water as a Therapeutic Agent" being unprepared, was continued on motion of Dr. Small.

The Committee on "Attenuation of Remedies" was not prepared, and was discharged at its own request.

Dr. Small, one of the Committee on "Ethics in Medicine," presented a report which was laid upon the table on motion of Dr. Swazey.

Dr. D. M. Dake read a report, which, on motion of Dr. Williamson, was laid on the table for further consideration.

The Committee on "Intermittents" was not prepared, and asked to be discharged.

J. P. Dake, M. D., presented a report of the Central Bureau of Materia Medica which was interrupted by adjournment, but finished on the next morning. This report was given as only an in-

complete work because of the necessity for collecting information from numerous and widely diffused sources. The report was divided into several heads consisting of "Provers," "Provings," "Compilations," and "Plans for the Improvement of the Homœopathic Materia Medica," by J. P. Dake, M. D., and "Secondary Materia Medica," by B. F. Joslin, M. D.

In the evening the annual address was delivered by J. S. Douglas, M. D., and covered a wide field, being replete with interest and enthusiasm for the cause of Homœopathy.

After welcoming the Institute on behalf of the Western homœopathic brethren, Dr. Douglas congratulated each member upon the rapid growth of the doctrines and practice of the New School, and especially for the rapid dissemination throughout the West.

He referred to the magical change that had occurred during the few year's spread of Homœopathy, west of the Lakes, and claimed that there was scarcely a town of any importance in the whole West in which the system did not have a creditable showing, even the young prairie town of Chicago boasting of twenty Homœopathic practitioners whose skill was equal to that of any other city in the Union, while from all parts of the West came the cry "Send us a Homœopathic physician!" and he stated that the laity always took the lead of the profession in reforms. Dr. Douglas referred to the fact of their constantly receiving valuable supplies from the Eastern homœopathic physicians. He said there was less conservatism and more progressiveness in the West and this favored practical medical reform.

The subject on which he based his address was "What are the causes which prevent the more rapid progress of our glorious art and science of healing."

These he divided into two classes, those that belong outside of our school and those within.

The eternal cause is the spirit of conservatism, as he termed it, which abounds in the profession, a disinclination to receive new ideas or doctrines which do not correspond with the doctrines of the day. He claimed that history explained the present and offered a prophesy for the future, and then inquired what was history giving to the question under consideration, replying that it told us how every advancement, every great truth in science, had met with continued conflict and opposition, and he mentioned Copernicus, Kepler, Galilleo, Des Cartes, Hooker, Faust, Leibnitz, Newton, Harvey and Jenner and a host of others as historical examples.

Every reform had fought a tedious and protracted battle before it was successful, but had progressed against the opposition and was finally triumphant. These inquirers asked not why Harvey had been opposed, slandered, persecuted and deprived of his name and place, to the day of his death, for maintaining the fact of the circulation of the blood, nor had they questioned the discoveries of other eminent men, among whom was Newton who lived over forty years after his discovery and had not twenty followers in all Europe at the time of his death, while the old philosophies were taught in every university of Europe, to the exclusion of Newton's Principia; for more than thirty years after its publication.

When these strange facts have been answered then probably the querist can answer why the glorious truths of Hahnemann had not been universally adopted after fifty years of experience.

He referred to the assertion that new doctrines in every branch are, as a rule, all condemned even before their merits or demerits are proven, and said that the whole truth might be summed up as follows: "There ever has been, and is, a large class occupying high stations, held in estimation by the world, and in many respects learned and intelligent, who, having completed their education according to ancient formula, straightway stereotype themselves and make strenuous efforts, during the remainder of life to stereotype the profession to which they belong. Standing upon the circumference of their mighty and finished acquisitions, they frown upon every living, moving man, who, in his onward progress, advances a step over the line they have drawn. This is precisely the position of a majority of the magnates of the old dispensation of medicine at the present moment." Some physicians, Dr. Douglas claimed, give up study after they have been in practice a little while, and when they have their minds drawn to the new doctrines and realize the amount of study our Materia Medica requires they prefer to remain in the old school rather than undergo the arduous task of studying our methods. In reference to the inward causes, we first have the imperfections of our Materia Medica, one being an error, the other a deficiency, consisting in the arrangement of the symptoms and the want of chronology in the pathogenetic records. It being necessary to have the chronological history of both the natural disease and the drug disease, as to their invasion, progress, acme and decline, we must have the drug image in order to apply the drug in accordance with the principle of *similia similibus*.

He said the drug to be homœopathic, to a disease, must correspond, not only symptomatically but chronologically.

In regard to the deficiency, he said it was due to the want of provings of many of the indigenous remedies, especially in the West. He thought we should have full provings of all our remedies, and especially of the newer ones, rather than the partial provings which we now have of many of them.

The last obstacle to homœopathic progress, he stated, was the identification of homœopathy with Hahnemannism. As pathology, physiology and diagnosis in the light of modern science had become almost new sciences, he would not make any argument in reference to a difference between Hahnemann's pathology and physiology and that of the present time. The practical conclusion to be drawn is clearly that no one, or all of the obstacles combined, are either disheartening or appalling, as history shows us that learned societies frequently change their opinion.

The establishment of the homœopathic doctrine, he claimed, was a sufficiently immortal crown for any man.

This mighty truth would erect a "mental pyramid" as his monument far lifting beyond the world's empiricism, on whose base would be inscribed *similia similibus curentur*, and the summit would be adorned with the statue of Hahnemann, the monument to stand as an object of ever increasing wonder, admiration and reverence, while its immortal author would gaze complacently down on a world's everlasting homage.

On Thursday morning the Institute was called to order at nine o'clock, and after the minutes were read J. M. Ward, M. D., of Newark, N. J., announced the death of William Peck, M. D., of Cincinnati, O., who had been killed in a railroad accident while on his way to the meeting. On motion of Dr. G. W. Swazey, it was resolved that the American Institute of Homœopathy bow submissively to the afflictive dispensation of Divine Providence in the sudden death of Dr. William Peck, and that Drs. J. M. Ward, A. E. Small and W. Williamson be appointed a committee to draft resolutions of condolence with the bereaved family, and communicate the same to them, and that the same be published in the proceedings of the Institute.

J. P. Dake, M. D., continued the reading of the report of the Central Bureau before mentioned, and A. E. Small, M. D., read Dr. Joslin's report in the absence of the writer.

W. E. Payne, M. D., presented a report also bearing on the same subject, after the reading of which Dr. W. Williamson moved that the reports be laid upon the table for future action.

N. H. Warner, M. D., one of the Committee on "Cholera," presented an extensive and interesting report which, on motion of Dr. D. M. Dake, was also laid on the table for consideration.

The Committee on "Domestic Books and Cases" was not prepared to report, and at its own request was discharged.

G. W. Swazey, M. D., of the Committee on "Medical Education Necessary in Homœopathic Practice," presented an elaborate report, and also gave a report from J. H. Pulte, M. D., on "Water as a Therapeutic Agent," both of which were laid on the table for future action.

D. S. Smith, M. D., Secretary, presented the proceedings of the Illinois State Homœopathic Medical Association which was received and filed.

W. Williamson, M. D., made a report respecting the Treasurer's account which was adopted by the Institute.

R. Ludlam, M. D., presented a report from the Northern Illinois Medical Association, and read a report from the Chicago Homœopathic Medical Society, which were ordered to be printed.

A report was received from J. B. Wood, M. D., of West Chester, Pa., upon the "Treatment of Inflamed and Indurated Mammæ," which, on motion of Dr. McManus, was ordered to be printed.

William Gallupe, M. D., of Bangor, Me., read the history, symptoms, treatment and cure of several important cases of Cancer of the Mammæ treated by himself; which, on motion of Dr. Williamson, was printed in the Transactions.

At the afternoon session Dr. Guy made a report of an interesting case of exanthematous disease treated and cured by Dr. Z. Clements, of Victoryville, N. Y., which was ordered to be printed.

S. Z. Haven, M. D., of Buffalo, made a verbal report of a very interesting case of abdominal disease; a similar case was also reported by Dr. Swazey, together with some statements regarding tapeworm.

Dr. Williamson verbally reported several remarkable cases of tapeworm, which he considered cured by the first decimal attenuation of Spongia tosta.

S. S. Guy, M. D., offered the following resolution: "That

members in good standing, who, from advanced age, retire from the practice of medicine, may hold honorary membership and be exempt from annual dues;" also, "That S. Z. Haven, M. D., be permitted to withdraw from his association with the American Institute of Homœopathy."

The Committee on Scientific Subjects, appointed by the Chairman, was Walter Williamson, M. D., G. W. Swazey, M. D., and W. E. Payne, M. D.

The Central Bureau was B. F. Joslin, M. D., New York; J. S. Douglas, M.D., Milwaukee; W. E. Payne, M.D., Bath, Me.; C. J. Hempel, M. D., Philadelphia, and J. P. Dake, M. D., Pittsburg.

The Committee of Arrangements for the next annual meeting of the Institute, consisted of S. S. Guy, M. D., P. P. Wells, M. D., and A. Cooke Hull, M. D., of Brooklyn, N. Y.

On motion of Dr. Shipman, of Chicago, it was resolved, that the Secretary be instructed to notify every American Homœopathic Physician, whose address he may have, of the next annual meeting of the Institute at Brooklyn.

G. W. Swazey, M. D., offered the following resolution which was unanimously carried:

That, in the removal by death of Dr. Paul Wolff, of Dresden, the American Institute of Homœopathy has sustained the loss of a most distinguished friend and co-laborer. That the services he has rendered our cause in this country by the publication of his eighteen Theses, also the service rendered this Association in procuring the stone in our national monument, inscribed "Samuel Hahnemann," will be held in long and affectionate remembrance.

F. R. McManus, M. D., of Baltimore, called the attention of the Institute to a printed handbill advertisement of Francis R. Moore, M. D., of Pittsburg, Pa., of a character which savored of quackery or gross empiricism, and offered a motion that the Chairman appoint a committee of three to whom this subject should be referred for immediate action. The resolution was unanimously adopted and the Chairman appointed Drs. Shipman, Barrows and Gallupe as said committee. After conferring together, the committee presented the following report which was adopted unanimously:

The undersigned Committee, to whose consideration the case of Dr. F. R. Moore, of Pittsburg, Pa., was submitted, beg leave to present the following resolution:

Resolved, That F. R. Moore, M. D., of Pittsburg, Pa., be, and

hereby is, expelled from the American Institute of Homœopathy for unprofessional advertisements.

Signed GEORGE E. SHIPMAN,
IRA BARROWS,
WILLIAM GALLUPE.

The following resolution was offered by J. M. Ward, M. D., of Newark, N. J.

Resolved, That it is the duty of the American Institute of Homœopathy to extend a fostering care to the Homœopathic Medical Colleges of the United States, and exert its influence in directing students of medicine, who are seeking admission to the honors of the profession, to their Halls for instruction.

Dr. McManus offered the following resolution :

Resolved, That the members of the American Institute of Homœopathy tender their warmest acknowledgments to the physicians of Chicago and of Illinois for the manner in which the Institute has been received and entertained at this, its fourteenth annual session.

Walter Williamson, M. D., Chairman of the Committee on scientific subjects, offered the following appointments, which were unanimously adopted:

C. M. Dake, M. D., of Geneseo, N. Y., on "Anæsthetic Agents, Their Use and Abuse."

Richard Gardiner, M. D., of Philadelphia, on "Small-pox and Kindred Pustular Diseases."

J. P. Dake, M. D., of Pittsburg on "Water as a Therapeutic Agent."

A. R. Bartlett, M. D., of Aurora, Ill., on "Intermittent Fever."

J. M. Ward, M. D., of Newark, N. J., on "Mechanical Supports in the Treatment of Disease."

W. Williamson, M. D., of Philadelphia, on "Puerperal Fever."

Geo. E. Shipman, M. D., of Chicago, on "Parasites in Connection with Disease."

D. M. Dake, M. D., of Pittsburg, on "Evacuants, their Physiological and Therapeutic Relations to the Human Economy."

W. E. Payne, M. D., of Bath, Me., on the "Alternation of Remedies in Homœopathic Practice."

P. P. Wells, M. D., of Brooklyn, N. Y., on "The Attenuation of Medicine."

E. A. Gilbert, M. D., of Dubuque, Iowa, on "Chest Diseases, their Diagnosis and Treatment."

A. E. Small, M. D., of Chicago, Ill., on the "Influence of Geological Formations on Disease."

John Ellis, M. D., of Detroit, Mich., on "The Scale for Preparation of Homœopathic Attenuations."

G. W. Swazey, M. D., of Springfield, Mass., on "Medical Dynamics."

S. M. Cate, M. D., of Augusta, Me., on "Scarlet Fever, its Prophylaxis and its Treatment."

Walter Williamson, M. D., offered the subjoined resolution, which was adopted and ordered to be published with the proceedings of every year, preceding the Appendix:

WHEREAS, The American Institute of Homœopathy has appointed from time to time, committees to make reports at its annual meetings, on various subjects connected with medical science for the purpose of eliciting truth, the mutual improvement of its members, and the advancement of homœopathic literature—a cause which has been beneficial in the past and is cordially recommended for the future; nevertheless, each committee being at liberty to advance its own doctrines without restraint or supervision, the American Institute ought not to be held responsible for all the teachings of such reports. Therefore:

Resolved, "That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the reports of committees by accepting and publishing such reports with the proceedings."

On motion, Drs. Williamson and Helmuth, of Philadelphia, were appointed a committee to devise and prepare a certificate or diploma of membership suitable for the Institute, and for their use, to be furnished at the next annual meeting.

Dr. Guy offered the following resolution which was adopted:

Resolved, That each present member of the American Institute of Homœopathy shall be entitled to the proposed diploma on the payment of one dollar; new members to be entitled to the same on the payment of the usual fee.

On motion of G. W. Swazey, M. D., the report of the Central Bureau, which had been laid upon the table, was ordered to be printed with the minutes. The report of Dr. Swazey was then taken up for consideration, and on motion was ordered to be printed.

It was moved that the report of the Committee on Water be referred to the Committee on Publication, with power to act.

On motion the report of the Committee on Medical Ethics was received and placed on file.

J. M. Ward, M. D., of Newark, N. J., was appointed to deliver the next annual address before the Institute, with F. R. McManus, M. D., of Baltimore, as his alternate.

The thanks of the Institute were voted to J. S. Douglas, M. D., for his eloquent address, and a copy requested for publication. Thanks were also presented to J. P. Dake, M. D., Chairman, and to the Secretaries and Treasurer for their faithful discharge of the respective duties devolving upon them.

On motion of Dr. McManus the meeting adjourned to convene in Brooklyn, N. Y., on the first Wednesday in June, 1858.

FUTURE EVOLUTION IN MEDICINE.

By Edward Cranch, M. D.

The papers of to-day announce a new use for capital, in the proposed gifts of John D. Rockefeller for the furtherance of medical research, taking up such work as is now being done in government hospitals and laboratories in Europe.

This country has long needed just such endowments, yet past history shows that in medicine, as in all else, the most weighty and useful results have been attained through the efforts of unaided genius, with little apparatus and less capital—except that with which Opie, or was it Reynolds?—mixed his paints "with brains, sir, with brains."

Perhaps these institutions will endeavor to demonstrate the truth and usefulness of Homœopathy, and perhaps not.

If not, we must stick to our text a little longer, and show the world that Homœopathy not only has "contributed to science," but is itself a science as well as an art.

Speaking generally, however, and comparing the practice of medicine with other pursuits, has it occured to us whither we are tending with our great machines, our medical "trusts," the hospital and dispensary?

Many articles have been devoted to showing the destructive effect of the trusts upon the smaller industries, and of the hospitals and dispensaries upon the establishment of private practice, especially in the larger cities, but think now what they really mean, and what seems to be their manifest destiny.

Just as the trusts, as their prophesied successors the bureaus of co-operative government, are proceeding to replace competition with salaried employment, so hospitals, when they become so numerous as to really endanger private practice, will have to pay salaries to all their staffs, for if the prospect of an increased private practice is eliminated no one will longer serve free on the staff of any hospital, nor would any one now, except for the advertising that goes with such positions, or the experience, to be used in practice later.

But suppose the hospitals so numerous and attractive that every sick person will make it the wish to go there for every illness, then see how much easier may the physician's life become. Then the hospital will pay the doctor's salary, limit his hours, grant him due vacations, and provide his office instruments and drugs.

When he can live at peace, when not on duty, and be free from bad debts and several other anxieties, and will be able to keep up social relations where he likes without fear of invading some other doctor's private domain, there will also be better opportunity for fraternity among doctors. On the other hand, they will have to use political influence and stand repeated civil service examinations to keep their posts, and patients will lose the sweet privilege of employing and discharging the physicians of their choice, but must take what the "ward hospital can supply."

Do not smile; this may well be what we are coming to, if the State Board takes up medicine as it does now the matter of education.

Therefore, the homœopath must fight harder than ever for the useful discoveries of his school, or they will be lost and drowned out in the new turmoils of the times to come.

Erie, Pa., June 3, 1901.

SENATE OF SENIORS.

By a Senior.

The Senate of Seniors of the American Institute of Homœopathy is an honorable body that can exert a great influence upon the cause. We all know that the opposition to the cause we all love is not as outspoken, except in certain sections, but, nevertheless, is quite as potent as in our earlier days. The advancement of Homœopathy is steady, but too slow, and the problem that

should engage us at our annual conclave should be: What more can we do to advance the cause? Every new member should present an epitome of his record. 1. How he became a Homœopath; 2. What he has done for the cause; 3. What he has done for Medical Science; and 4. What he has done for the national body. This would arouse the smouldering fires of his enthusiasm, if any were needed.

Every Senior should secure the enlistment of at least two new members every year.

Every Senior should get one student in line to study medicine in one of our own colleges.

Every Senior should secure the conversion of one physician to the cause each year.

In the Institute there are certain committees that should be filled by Seniors. They are the judicial body, but such committees as that of Resolutions, Memorial, Science, Literature, Education, Organization and International Bureau, and perhaps others, should be made up of working Seniors. The Seniors might work up such a lively interest in the influence of the national gathering that the places could be partially arranged for in advance, and thus effect the greatest good for the cause.

Suppose there was a tacit understanding that if San Francisco City Council would invite the Institute to meet there next year, Boston, Portland, New Haven or Cincinnati the next year, and St. Louis would invite our national gathering there during their great fair the influence would be fourfold to what it is to-day, would it not?

These are matters for the Senate of Seniors to consider and act upon—while we may.

A VICTORY FOR INTERNAL VACCINATION.

PINE BLUFF, ARK., JUNE 3, 1901.

Editor of the HOMŒOPATHIC RECORDER.

In the case of the City of Pine Bluff, Ark., vs. Dr. Wells LeFever for refusing to be vaccinated by scarification, I regret to say that my attorneys have been unable to get a trial, though they have made all sorts of propositions to effect this, since we wished to make a test case of it. After careful investigation the attorney for the prosecution dismissed the case and Judge Grace, presiding, commended that act by adding his personal opinion

that for unwarranted invasion of personal rights this attempt surpassed anything in his knowledge.

The imposition of compulsory vaccination has thus received its *coup* in this part of the country. The feeling against it, already strong, has been greatly intensified by this fiasco.

On a few cases of our present epidemic of small-pox remain, and *all these are among those who have been "successfully vaccinated,"* so I hope to soon be able to report my experience with internal vaccination which has now carried me through three epidemics without a failure up to date.

Fraternally yours,

WELLS LEFEVER, M. D.

PROCEEDINGS OF THE THIRTY-SIXTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.

Pickings Therefrom.

What We Owe Hahnemann.

Said President Dr. C. E. Sawyer:

"But for the 'porcelain painter's son,' but for his forbearance of persecution, but for his force of conviction, so strong as to forever stand out against the maledictions and abuses of all contemporaries; but for his heart full of love for suffering humanity, we as his followers could never have existed. To the law he promulgated and so bravely defended against the prejudices and contumely of opponents of the bitterest type, we as homœopathic physicians owe our art. If to the sage of Meissen so much is due, dare we fail to commemorate his name when the opportunity presents? Echo answers, No, no! Positively no!"

Spots on Beauty.

Said Dr. C. E. House, he of McKinley's home:

"Show me a lady with a liver spot, or a moth patch on her face, and I will show you a woman who will give shekels to have it removed."

Then after the subject had been treated from the other sides he gives the following therapeutic pointers:

"*Sepia.* Yellow saddle across the nose and upper part of cheeks; also yellow spots on the face.

"*Argentum nitricum.* Skin from a bluish gray to a bronze or real black, especially in syphilitic subjects.

"*Lycopodium.* Skin unhealthy. Sluggishness of periferic activities, with brown liver spots.

"*Iodine.* Rough, dry skin, inclined to be dirty yellow or brown.

"*Hepar sulphur.* Yellow jaundiced skin.

"*Thuja.* Skin looks dirty. Dark brown spots here and there, especially in tertiary syphilis.

"*Petroleum.* Brown and yellow spots on the skin.

"*Plumbum metallicum.* Dark brown spots on the skin, especially in pregnancy. Dry, withered, yellow-spotted skin.

Pin your faith to the indicated remedy, for permanency of cure will depend on success in the removal of functional and diseased conditions, as it is fair to presume repigmentation if the same conditions obtain."

Medical Examining Boards.

Dr. J. A. Gann, of Worcester, got off the following on the subject, but of course it would never, never do:

"I would have an examining board, not primarily for the applicant, but for the medical college.

I would make the requirements so strong that only men who possessed recognized ability should occupy its chairs; and whose presence would be a guarantee of the character of the man they would recommend for graduation.

I would have its faculty in no way connected with the business management of the college; only responsible to a board of control composed of two classes: 1. Physicians elected by the alumni; and 2. Thorough-going business or professional (not medical), also elected by the alumni. This board of control should examine by its appointed representatives, or censors, all applicants for graduation (not admission); and their judgment to be final."

A Surgeon on Homœopathic Therapeutics.

Dr. H. F. Biggar gave a case of septic parotiditis which, after sixteen operations and everything that modern surgery and medical science could do for it, was pronounced incurable by the old school men. But Dr. Biggar added to the treatment *Lachesis* 30x. with this result:

"At our club lunch the doctors had a round table especially for their service; at this coterie I was the only 'irregular.' The con-

sultant was one at 'our mess,' and was interested in the daily reports, as well as the other doctors of 'our set.' The symptoms, pathology and treatment, were freely discussed, with the usual ending that 'your patient will die, for none ever recovered with septic parotiditis.' When convalescence followed they were amazed; they knew that the patient had been treated according to their sustaining methods, which had theretofore be unsuccessful, and were surprised at the recovery of the patient. I then told them that in addition to their approved treatment, *Lachesis* had been added. Many were the witty sallies, pleasantries, gentle sarcasms and remarks, slightly tinged with ridicule, as to the efficacy of the 'only two drops of lachesis ever secured' for all the future preparations of this remedy. Nevertheless the result proved the value of the remedy."

"It is surprising that our good brethren of the regulars will not be convinced, especially after they have seen the splendid results of certain kinds of headache; and when *Gelsemium* and *Rhus tox.* control toxic fever, and *Phosphorus* cc. has relieved the nausea of pregnancy (when the leading gynæcological masters of the old school asserted that the *only* possible relief was in abortion), and when the great success of homœopathic remedies in pneumonia, and so on, are as frequently noted, I conclude that there are 'none so blind as those who will not see.' Homœopathy has not only sense and science in the administration of drugs, but what is of more import, it has the success."

"Of course, my good friends, the doctors were not willing to give the *Lachesis* the credit for the cure."

This was followed by four other cases in which *Lachesis* did the work. Concluding as follows:

"I trust that the narration of some of the clinical experiences with those suffering from septic parotiditis will not be without profit. I believe the sustaining treatment is very necessary in conjunction with the *Lachesis*, the curative remedy; and after an experience with five desperate cases of septic parotiditis I think that I should have confidence in the curative action of *Lachesis trigonocephalus*."

Vaccination and Antitoxin.

Dr. H. D. Beckwith's paper on "The Physician's Responsibility in Spreading Disease" called out some interesting discussion. Dr. Beckwith's paper said:

"I believe many cases of small-pox that now exist in the State might have been avoided had the attending physicians taken due precautionary measures. It is the opinion of 99 per cent. of the intelligent and educated physicians that vaccination is the only method to check the spreading of small-pox."

DR. WALTON: "How does Dr. Beckwith know that vaccination prevents small-pox? There is a vast difference between a belief and a knowledge. I don't believe that a large majority of intelligent physicians believe that vaccination will prevent small-pox; the most that they can say is that it will modify the form of it. If it will prevent small-pox, why is it that in the German army, where we have had vaccination over and over again, that a very large proportion of the soldiers contract small-pox and die? We know these things. I feel that there are some things about vaccination that are hidden."

Dr. Cameron said that the decline in small-pox was due to other causes than vaccination.

Dr. Schneider called Dr. Walton's attention to the fact that during the Franco-Prussian war the German army was vaccinated and the French army was not, and that the French soldiers died by hundreds and thousands.

(Curious how that story will not down. Every French soldier was and is vaccinated; and, furthermore, small-pox ravaged well-vaccinated Germany and that German army. One province in Germany had over 30,000 cases, and practically all vaccinated.)

Dr. Means said that sanitary science is the best to prevent the spread of disease.

DR. MAXWELL: "Has the President ever been vaccinated."

THE CHAIRMAN: "Yes, I had three vaccinations and then had confluent small-pox. Three-fourths of the cases in this State have been successfully vaccinated. In regard to diphtheria. I practiced medicine seven years in Huron. They had a good deal of sore throat there to which they never called a doctor. I had many cases of diphtheria as well, and out of thirty-seven cases never lost one. Antitoxin, they say, will cure diphtheria. I have found the bichromate of potash homœopathically administered a sufficient remedy in the cases I attended. I never lost one such case. They have to have an outlet for their horse serum and so the State recommends it, and our little town purchased $275 worth of the stuff for treating the poor."

There is a good deal more of this discussion. The general drift seemed to be against vaccination and antitoxin.

A Cough Case.

This is by Dr. T. M. Stewart, of Cincinnati. It seems to show that some of the "rubbish" in Hahnemann's Materia Medica is rather useful at times.

1. "Patient a young man, aged 28. Suffering from a bad cold, with laryngitis. The acute symptoms were controlled by *Gelsemium*. A hard, ringing metallic cough continued, however, to give him considerable annoyance. The cough was excited by deep breathing or by talking. When walking or moving about in his office he would suddenly choke up, "could not get his breath." I gave him *Sambucus*, a remedy useful in similar conditions; *Spongia* and *Lachesis*. His condition remained unchanged for a week, and in getting the ameliorations and aggravations to help me out in my next prescription, I found that the "cough was relieved by eating." He had already taken *Spongia*. But his mental condition bordering on the profanity margin, led me to prescribe *Anacardium orientale* 3x; prompt relief from the annoying cough marked the prescription of the remedy. Sprays, inhalations and local applications to the larynx were used as palliative measures."

How our friend, Geo. M. G., M. D., would laugh over a mental symptom guiding to a remedy for a cough! But it got there just the same.

RHUS AROMATICA.

By Dr. A. W. K. Choudhury.

Rhus aromat.—My experience with this remedy is very limited. We see in May number of Vol. XI. of the HOMŒOPATHIC RECORDER, that the remedy is used in material doses of ten drops. I, as usually with me, have tried the medicine in the minutest possible dose, a globule a dose. I got a quantity of the mother tincture of the remedy from the house of Boericke & Tafel, New York, and tried the medicine in two cases.

Case I.—A relation of mine, aged about 10, had to pass water involuntarily four or five times nightly. He used this medicine in globule doses, twice daily. He is recovered; enuresis during sleep stopped the following night after using the medicine. Its about half a year past he has got rid of the complaint. This was a chronic case.

Case II.—The patient is an old Mahommedan of about 60; came to dispensary February 27, 1901, for the treatment of enuresis of about a year's standing.

History and symptoms of the case:—Had an attack of intermittent fever just before the commencement of this present illness. Allopathic medicines were used for the fever. The fever became masked and urination increased. Burning of the eyes; slight burning of the soles of the feet and palms of the hands; heat from vertex; sleeplessness; appetite good about forenoon; taste in mouth insipid; tongue clean, moist and somewhat pale; appearance pale; no fever now, but he complains of having fever; perspiration of axillæ at night; bowels open daily twice or thrice; stools permeated with no thread-worms; bad smell of stool; gets up at night four or five times to pass water; seven or eight times he passes water in the daytime; asthmatic tendency morning and evening. Lachrymation. Enlarged spleen. Pain under percussion on epigastrium and right hypochondrium.

Had itch-eruptions on many occasions. Had ringworm, but never pitiriasis. Inoculated, not vaccinated. Had an attack of chicken-pox after the inoculation.

He was given *Rhus aromata θ*, one globule per dose, two doses daily. Ordered two meals daily, and to bathe daily. He was given six doses for three days.

He came to dispensary March 3d and reported wonderful and almost unexpected results; did not get up the previous night to pass water.

The 14th of March, 1901, was the last day of his attendance. He had nothing to complain of the increase of urination. He was continuing well. (28–3–1901.)

The reduced state of his health, his bloodlessness, enlarged spleen and liver, and the advanced stage of the urinary trouble were all against his speedy recovery. He attended the dispensary sixteen days only; satisfactory improvement was reported on the second day of his attendance.

Here is another case of enuresis nocturna recovering under *Rhus aromat.* This is the third case of the series, entered in my Case Book XIII. as the sixty-fourth patient. A female low class Mahommedan child, aged about 9, came to my dispensary the 29th of March, 1901, for the treatment of enuresis nocturna, from which she had been suffering from her very early age. She was noted down in my Case Book as follows: Bowels open daily,

twice or thrice; thread-worms since early age; no frequent micturition by day; appetite good; tongue with aphthous erosion anterior, posterior coated yellowish. Perspiration of hands and axillæ. Passes water at night in sleep.

She was given *Rhus aromat.* θ, one globule per dose, two doses daily, given six doses, for three days.

I was rather for *Sulph.* than for the new medicine. However, to try its efficacy in the treatment of the disease, I gave her the new medicine and not *Sulph.*

She appeared the 1st of April, 1901, and I was extremly happy to note that the disease had disappeard since the commencement of the treatment, she having no more night wetting.

Calcutta, India.

PHELLANDRIUM IN CONSUMPTION.

A Word of Consolation to Consumptives.

By Dr. Hegewald, of Meiningen.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. d. Hom.*, May, 1901.

On the 24th of February, 1901, there appeared in my office a patient whose death had been expected five months ago, and who was said to be suffering from *incurable* consumption. Her name is entered in my books as Mrs. Pf., from B., in the highlands of Meiningen, tuberculosis. I did not recognize the lady, and when she gave me her name I was amazed. Five months ago I prescribed for her a homœopathic potency of water-hemlock (*Phellandrium*), and had recommended her tea made of this plant, and she has become so used to it that she is still using it as a beverage. She was accompanied by her husband and seemed to feel well after her railroad trip.

This interesting case of Mrs. Pf. is by no means isolated. A young man, G. Seren, a passionate cyclist, who is also a cornetist, had run down so much that he was the very image of the consumptive. A physical examination put an end to any doubt on the subject. Two persons helped him up into my office with considerable exertion on their part, and arrived all out of breath. *Phellandrium* restored him to the great surprise of all who knew him; the medicine being supplemented with *Iodium* and *Aurum foliatum.*

Other cases may be found in our journals as proofs. In this

same journal I remember reading, in the year 1891, that *Phellandrium* is a sovereign remedy for consumption in its curable stage, and this opinion was assented to by credible medical writers.

Pliny, long time ago, knew of this curative power of water-hemlock which he calls *Phellandrium aquaticum*.

The celebrated physician, *Marcus Herz*, was one of the first who prescribed this remedy in consumption, and no less an author than Boerhave was also its panegyrist.

It is a matter of course that a plant of such wonderful properties would not be neglected by homœopathic practitioners. As we see from "Hartlaub and Trinks," Dr. Nenning proved it, but the proving was so defective that Jahr could only describe it as "defective." A second proving would seem to be called for.

Dr. Michea regarded water-hemlock as a specific in all serious affections of the respiratory organs, and this opinion seems justified.

Among the striking symptoms in the physical proving of *Phellandrium*, recorded are: heaviness of the head with sensation of fulness, lachrymation of the eyes and photophobia, also sensitiveness of the organ of hearing. The remedy should have an undoubted usefulness in bronchitis, emphysema and phthisis. It is also indicated when the sputa of the consumptive are exceedingly malodorous and abundant. This was also the experience of Dr. Chargè, a celebrated homœopathic practitioner in Tamaris.

We cannot, however, always obtain the homœopathic preparations of *Phellandrium*, and in such cases the infusion of the herb as tea may be used. While practicing in the country I used to call the attention of my patients to the collecting of *Phellandrium*. This is done more easily since the plant usually grows in stagnant water, ditches or swamps. It blooms from May till July, the seed ripening in September. The tea may also be found in most drug stores. The homœopathic preparation can, however, only be relied on if purchased from the regular homœopathic pharmacies or legal depositories.

Since this plant usually grows where consumption is found, the adage of the old doctor holds good also in this case: *ubi morbus, ibi remedium*.

MAGNESIA PHOSPHORICA IN MENSTRUAL COLIC.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, April, 1901.

A woman, 26 years of age, with dark hair and blue eyes, of considerable corpulence and of a highly nervous temperament, had been obliged for years to spend in bed two or three days during every monthly period. About eight hours after the appearance of her monthly flow she was seized with the most severe pains, at times in the region of the ovaries, sometimes in the whole of the abdomen. These were frequently accompanied with headache, nausea and vomiting. Only by quietly remaining in her warm bed and by applying hot fomentations she could gain any relief. She received *Magnesia phosphor.* 3 D. during her attack, every ten to fifteen minutes in hot water, and the action of the remedy was so palpable that she thought I had given her *Morphine.* After a few doses the pain diminished and she became sleepy.

Three months' treatment, using *Magnesia* and *Calcarea phosphor.* with suitable dieting, produced such an improvement that she now passes without any trouble through her menstual period, which before had caused her so much trouble.

A characteristic indication for *Magnesia* is the convulsive spasmodic kind of pain and its alleviation from warmth and pressure.

A CASE OF MALARIA.

By Dr. E. Schlegel, of Tubingen.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, April, 1901.

On the 18th of October, in company with a colleague, I visited the theological student N., 23 years old, who had been studying in the neighborhood of Triest and had been taken sick with cough and serious gastric troubles. The cough was connected with a foamy, tough expectoration. In the beginning of September his state became such that he came home. But before leaving, during a south wind, he was taken with fever which made him very weary. On the second day after his return, on the 8th of September at 11 P. M., he had an attack of fever, with chill and heat, followed by perspiration. The doctor prescribed

quinine in pretty strong (allopathic) doses, and the patient during the following days had fever every evening; but it became gradually milder until September 18th, when it ceased. Now there was a pause till October 11th, when a cold caused a relapse at 2 P. M. This was repeated October 14th at 6 P. M., October 17th at 3:30 P. M. and on October 18th in the afternoon. I came to see the patient, who seemed to have chills and fever, but still did not show, as yet, any series of typical attacks in regular succession.

The appearance of the patient gave to me, as well as to my colleague, the impression of a well-advanced case of consumption; the patient was tall and slim, narrow-chested, with flat chest, high degree of emaciation, still continuing; the nightly perspirations were pretty severe, but had diminished of late, as was also the case with his cough. The physician who had treated him so far had somewhat suspected tuberculosis, and found the lungs not quite clear; but he had also spoken of intermittent fever. The gums of the patient were strikingly anæmic, more than is usually seen in consumptives. The pulse was very frequent, the heart beat augmented, some dry rhonchi could be heard in the lungs, and the sound anteriorly at the top was somewhat weakened. I could not say that there was any increase in the dulness from the spleen.

First of all I prescribed perfect rest in bed, and that the temperature should be taken both morning and evening, also caution in diet, which was to be predominantly vegetarian. Since the patient stated that he had been subjected in the South to a diet which he could not endure and which was altogether inferior, frequently causing vomiting, and which also made him fall off, I thought it likely that this disturbance in his sustenance had caused a diminution of his power of resistance, thus enabling the disease to break out in such a dangerous fashion. The injurious effect of heat which he had observed, together with the facts before stated, caused me to give him a dose of *Antimonium crud.* 30, and then to await further diagnostic developments. Nor had I long to wait. On the 19th of October (the day after my visit) the temperature rose to 39.8° (103.6° F.), so also there came attacks of fever on the 21st of October and on the 23d, always one hour earlier, while on the days where there was no fever the temperature was only 37° C. (98.6° F.). The diagnose, therefore, was: *Intermittens tertiana.*

I now gave another homœopathic remedy. The attack had developed in the following manner: Weariness and ill humor for one hour, then chill without thirst, followed by headache and thirt; then perspiration, especially on the head and on the upper part of the body. I accordingly selected *Arsenicum* 30, which according to the symptoms and their gravity had the preference (according to Bœnninghausen), three doses of pellets, one on the evening of the fever and one morning and evening of the free day. On the 24th of October there was no fever, on the 25th there came an attack with vomiting, little and brief perspiration, and also one hour earlier. This attack may have been complicated by an error in diet; the patient had drunk sweet (new) wine and eaten cake. But still on the whole he felt somewhat better. Then I gave him one dose of *Pulsatilla* 30. On the 27th the fever returned, but considerably milder, all the stages being shortened. The appetite was good and there was little weariness. Nevertheless during the fever stage the temperature still rose to 104° F. On the 28th, without medicine, the patient felt well with increasing appetite. On the 29th for the first time the fever was absent, while a healthy appetite appeared and the patient rose from his bed. On the 6th of November he had not had any further attacks, only some traces on November 3d, when the pulse rose to 80 beats. He looks much better; his gums are becoming red again; stool daily; the urine somewhat turbid, no more vomiting, sometimes little coughing, also frequent sneezing. Another dose of *Pulsatilla* 30. At a slight touch of fever a few days later the patient allowed himself to be persuaded to take another allopathic dose of quinine. But this did not change anything in the position of affairs. The young man had been cured of his severe attack by *Antimonium cr.*, *Arsenicum* and *Pulsatilla*, all of these remedies being given in the 30th potency; and these remedies had restored him so that he looked well and felt well. He could then at once resume his studies.

Dandruff white and drier than asual, *Mezereum.*

Itching, miliary rash; itching rash worse from scratching, *Mezereum.*

Transient blindness, *Nitrum.*

Frequent intense itching in the face, *Nitrum.*

Profuse sweat of the feet, *Petroleum.*

—*Chronic Diseases.*

FROM MY PRACTICE.

By Dr. Mau, of Itzehoe.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*, October, 1900.

Latent Tuberculosis.

About three months ago I had to treat a gentleman of about 40 years of age, who had been suffering from gonorrhœa and, for the last eight days, also from inflammation of the testicle. I prescribed *Clematis erecta*, for the testicle was very much swollen, hard and painful. The remedy had no effect. Surmising that the inflammation of the testicle was an effect of the gonorrhœa, after fourteen days I gave *Clematis* in alternation with *Thuja occidentalis* 6; but also this medication, to my great astonishment, proved quite ineffectual. Now, how was it that a remedy which had always proved most effective in my hands and in that of other doctors here remained without any effect at all? Was the inflammation after all not the effect of the gonorrhœa? It surely must have been an effect of it; but the fact that the remedies proved ineffectual showed that the constitution of the patient was weighed down by still another, perhaps by several diseases. But of what nature was this other disease? I made a very searching investigation, inquired about his vaccination, about other diseases he had passed through, about cutaneous diseases which might have been "cured" by external remedies; I asked whether the patient in his childhood had suffered from discharges from the ears, inflammation of the eyes, eruptions on his face or his scalp, or from glandular swellings. To every question I received a negative answer; the patient had always been healthy, there were no hereditary diseases in the family, etc. A general objective examination of the whole body was also of absolutely no avail. What, then, should I do? It was plain that the statements of the patient could not be in accordance with the facts, but it was also evident that the patient knew no more about the case. Fortunately I remembered that I had treated the twelve-year-old son of the patient for tuberculous glands several years before. Thence I concluded that the constitutional burden of the father—and circumstances proved that there was such a burden—must consist in a *latent tuberculosis*, which the son must have inherited from the father.

Accordingly I prescribed *Tuberculin* 100, one dose a week. The result was a complete cure of the inflammation of the testicle, as well as of the gonorrhœa, within a few weeks. What would have been the result if the patient had not received *Tuberculin?*

II.

Subjective Symptoms.

I here remember another case of gonorrhœa which defied all the remedies for this disease, no matter what potency was given, and was only cured when the patient, who in his infancy had suffered from swollen glands, received *Tuberculin.* These cases prove how important it is in *chronic* cases that we should receive a *complete and faithful account* of the whole of the previous life of the patient; for the fundamental disease, here tuberculosis, is very frequently latent, *i. e.*, *not recognizable* to the objective examiner. This is the reason why homœopathic physicians, who are usually consulted in such cases, often find themselves called in in cases which have been pronounced sound by other physicians and dismissed as cured. Such assertions can be made by physicians only when they regard the *objective* symptoms of the disease merely, while completely neglecting the subjective, *i. e.*, the symptoms felt and complained of by the patient, but which the examiner cannot himself perceive, *e. g.*, pains and other merely subjective symptoms. Whoever wishes to treat patients successfully must regard not only the objective symptoms but also the subjective; the subjective symptoms, indeed, are frequently the most important for the Homœopath, because they frequently determine the selection of the remedy.

III.

Suppressed Eruption.

The next case concerns a girl of ten years. She had been suffering for four weeks from a bad cough, which had the sound peculiar to croup. The cough in her case appeared very frequently, especially every time she took cold, and as the child in spite of its woolen (Jaeger) underclothing was very sensitive, she took cold from the slightest cause. Then the cough would last for several weeks, when it would gradually disappear, but return soon again. The patient at the same time suffered from chronic hoarseness. She also frequently was seized with vomiting when but little saliva, but mostly clear water and also masses of mucus were discharged, accompanied with pains in the stomach. The

complex of these symptoms, the croupy cough, the hoarseness and the vomiting pointed to a great sensitiveness of the larynx and a sympathetic morbid state of the stomach and probably rested on a *tuberculous basis*, at least a sister of the mother of the child had suffered from an inflammation of the hip. Still this tuberculous encumbrance did not seem to be severe. The attacks of the child had continued for seven years. When three years old the child had had an eruption which the doctor had "cured" with salves, and thus *by external means;* a short time after "the cure" of this eruption these attacks, always lasting several weeks, had begun. Now the question arises, had these attacks any connection with the eruption or not? I do not think that there are many physicians, excepting homœopaths, of course, who would acknowledge any connection. If a connection were recognized, it would necessarily follow that this treatment of eruptions by external means would be rejected as injurious. My view about it is very decided, and according to this view I selected the remedy which in a short time effected a cure. I believe that the eruption from which the little girl had suffered in her third year had in no way been healed by the external application of ointments, but had only been driven in, and the consequence of *driving in this eruption* was seen in the appearance of these attacks. Many doctors had been consulted, she had even at last made a journey to a distant city where she had consulted the professor in a university. My prescription was first, a few doses of *Thuja* 30, then *Psorin.* 100, every week a dose, and in ten weeks the child was permanently restored to perfect health. The eruption, as, indeed, sometimes happens, and *not* recurred in the course of the treatment.

INFLAMMATION OF THE THROAT AND COMPRESSES.

By Dr. Berlin, of Guben.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z f. Hom.*, February, 1901.

Not only most physicians, but also most people in general, seem to consider sore throat and water compresses as inseparable ideas, so that as soon as any one complains of sore throat they are ready with their compresses. Generally these compresses are made of cold water under the supposition that heat, redness, swelling, and pain can only be removed by cold and cooling applications. Such

compresses also actually prove very useful in contending with inflammation of the throat. But it will not infrequently be found that the symptom of inflammation, in spite of cold compresses or frequently just because of them, grow constantly worse because they were not suited to the case.

Among many such cases which have come to my notice I will only mention two to show how an irrational use of cold compresses may prove injurious.

I. In the fall of 1898 I was called to a young married woman of Breslau, who was visiting here. She complained that for a week she had had pains in her throat, and now for several days she had been hardly able to swallow, *i. e.*, she could only do so with the most severe pains, and she found even speaking a matter of difficulty. The physician who treated her had prescribed a gargle and cold compresses, but instead of improvemont there was a continued aggravation. The throat was much swollen on the inside and looked very dark red, the mucous membrane being coated with tough, grayish-yellow phlegm. I gave the woman *Mercurius corros.* 4, five drops every two hours; discontinued at once the cold compresses, and had hot compresses applied to her throat. I also gave her a weak solution of salt to gargle with. Next day all the symptoms of inflammation had much diminished, and the woman felt considerably better.

II. Another case is of a later date. A woman was complaining of most severe pains in her throat, so that she could only swallow liquid food, and this with difficulty. At the same time there were violent lancinations in both the ears. And though she had a physician who had been attending her for the last two weeks, her state was only getting worse. She feared for the worst, and had therefore determined to make a change. Her pains at the present were not only on the inside of the throat, but they were violent also on the outside, *e. g.*, on movement and on pressure. An examination, accordingly, showed that the whole throat was swollen externally and was everywhere very sensitive to the touch. On the inside the whole of the fauces was severely swollen, but especially the tonsils, and on them there appeared grayish-yellow spots from two-thirds of an inch to one inch in diameter. They were not a coating, for they could easily be wiped off with raw cotton; it was pus emanating from the excretory ducts of the tonsils. The mucous coating of the fauces was dark red to bluish red and was covered in spots with tough mucus. There was,

therefore, an acute inflammation of the throat with suppuration in the tonsils. The pus in the tonsils had been observed by the physician ever since the fourth day. The woman had lost strength, so that she found it difficult to walk to my office. The treatment up to the last two days had consisted in the routine application of cold compresses to the throat, and in cold gargling with a solution of the poisonous *Kali chloricum*, and later on with a red fluid. When the woman, two days ago, refused to continue her cold compresses the physician prescribed a gray ointment (mercury-ointment) to be rubbed in the outside of the throat, with as little good effects as the cold compresses. My prescription was the same as in the first case mentioned above: hot compresses renewed every eight or ten minutes, gargling with a warm solution of common salt, and internally *Mercurius solub.* 3 D. Next day I rereceived the report that the throat was much better, and that the woman could already swallow solid food.

In both of these cases the application of cold compresses was unsuitable; in both cases they were out of place, and they were the only cause why the disease lasted in the one case eight, and in the other even fourteen, days. It was especially reprehensible in the second case where there was suppuration in the tonsils. Even a layman would hardly think of putting a cold compress instead of a warm one on a suppurating sore.

For better understanding I shall enter a little more particularly on the subject of compresses. In affections of the throat three kinds of compresses are in use: (1) Cold, (2) stimulative, and (3) hot compresses.

Cold compresses are such as are made with water at a temperature of 54° Fahrenheit or lower, and are renewed three, five or ten minutes, as soon as they begin to get lukewarm. In order that these cold compresses may not get warm too quickly, they ought to be made of six to eight folds and covered little or not at all, for the intention is to cool off the part covered. By this means a contraction of the blood vessels takes place, the skin and the tissues immediately subjacent are cooled off to a certain depth, and thence become pale and anæmic; the circulation is rendered slower and less in degree, and the consumption of the tissues which is dependent on a certain degree of warmth is made slower by the cold. Cold also serves to check the fermentation and decomposition of organic substances. Thus the process of inflammation is decidedly diminished or removed by means of cold compresses.

Stimulative compresses are generally made with two, three or at most with four folds, and somewhat warmer on the average than the cold compresses, *i. e.*, of 68° to 81° F., though this difference is not essential, and they are covered with two to four thicknesses of a woolen stuff. They are not quickly changed, but remain around the throat two to four hours. The intention with these compresses is not to cool off but to warm, and also in other respects it is to have a contrary effect from the cold compresses. If we apply such a compress at a temperature of 68° F. to the skin, it first produces a sensation of cold, but soon the compress becomes warm, the temperature of the skin and of the compress become equable, and as there is but little loss of heat owing to the woolen covering the temperature under the compress rises to blood heat and even higher. This causes the blood vessels to expand, the circulation both in the veins and in the arteries is quickened and augmented, and the life of the cells is increased. So also the products of inflammation are made more suitable for solution and absorption through the improvement in the circulation and the serous drenching of the tissues. The formation of pus is also furthered, the secretion incited and membranes (*e. g.*, diphtheritic membranes) are loosened and cast off.

Hot compresses have a temperature of 122° to 144° F. They should have six to eight folds and be covered with two to four folds of a woolen stuff, flannel or other woolens, so that they may not cool off too quickly, and they should be renewed like the cold compresses every three, five to ten minutes, as soon as they begin to get luke-warm. Under such compresses the parts covered are heated, the bloodvessels expand and the circulation of the blood and other fluids is quickened and augmented. The decomposition and renewal of the tissues is accelerated, suppuration and the formation of pus is quickened, and the products of inflammation are transmuted, loosened and resolved.

As to the practical application of these compresses, cold compresses are of use merely in the beginning of inflammation of the throat, while the mucous membrane is as yet deep red and is not yet much swollen thus in the first six, twelve or at most twenty-four hours. By a correct application, these cold compresses cool all the tissues even to the inflamed portions, and during this time the symptoms of inflammation, such as redness, swelling and pains are much alleviated. But if this is not affected in six to twelve hours, the cold compresses should be stopped, and the

stimulative compresses should be used instead, which by freeing and accelerating the circulation will quicken the course of the inflammation. To effect a thorough cooling of the neck, an appropriately formed ice-bag may also be used. In such a case we first apply a four to six fold cold compress, cover it with an impervious stuff, such as oilcloth or India-rubber paper, and around this the ice-bag is applied; for if the cooling of the tissues does not penetrate deeply enough, we get a result the very opposite of what is intended; for the cooling of the bloodvessels which attends the cooling process of the skin and of the tissues immediately subjacent will cause and increase of temperature in the more internal tissues. A superficial cooling off of the throat will, therefore, aggravate instead of alleviating the state of the patient. Cold compresses are also contra-indicated when the mucous membrane of the fauces is already of a deep red or bluish-red color and is much inflamed, or, more yet, when the suppuration in the tonsils has already begun. In such cases cold compresses are a great mistake. The dark redness of the internal portion of the throat is a sign of congestion or stasis of the blood and this would be considerably increased through cold and the consequent conconstriction of the bloodvessels; this might even lead to œdema. When the throat has a cyanotic appearance, only stimulative compresses are allowable, or, better yet, hot compresses; but the latter kind should only be used until the symptoms have been slightly alleviated and then they should be followed with stimulative compresses. Hot compresses should especially be used during the suppuration of the tonsils. Through stimulative and hot compresses, the circulation again becomes free and the congestion is removed. To this is added the fact that raising the temperature of the skin by means of hot and stimulative compresses will at the same time be attended with a lowering of the temperature in the subjacent portions, in this case in the fauces.

From what has been adduced, we may conclude that, as a rule, it is best not to apply cold compresses, unless we are sure that they are called for. It is best from the first to start with stimulative compresses which cannot do any harm. As to hot compresses, it is yet to be mentioned that frequently, even where they seem to be indicated, they are not attended with good effects; thus headache is frequently aggravated thereby. In such a case they should be only be used occasionally, using as a rule the stimulative compresses.

In comparing the use of the compresses with homœopathic remedies, we should say that cold compresses should only, be used when *Aconitum* is suitable; but if the inflammation has reached the stage of *Belladonna*, *Mercurius*, *Arsenicum*, *Nitric acid*, etc., only stimulative or hot compresses should be used.

QUICK CURE OF AN AFFECTION OF THE HEART.

By Dr. Goullon.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, May, 1901.

Mr. R., an army officer, thick set, vigorous and of firm build, almost of apoplectic habit of body, has been suffering for some time from a quite peculiar heart affection, which is very depressing, as it comes unexpected and mostly while walking (during motion). It is not a *pain*, properly speaking; the patient calls it a pinching or squeezing in a certain place. An examination showed no organic disease (of the valves), but a weak throb of the heart.

Only those who have had an affection directly or indirectly connected with the heart can comprehend how disquieting such an attack is. The patient feels himself delivered up to it, as it were, bound hand and foot. If there is a double throb of the muscle of the heart connected with it, this distressing condition is rightly compared with the sensation of touching the pupil of the eye with the finger. The analogy is striking. In our patient there was, besides this, a certain *plethora abdominalis*, and this, indeed, in connection with the symptoms, led me to the right remedy. Among the symptoms there was a certain uneasiness of the stomach. "The stomach," so the patient declared, "has always been a sore point with me." He also formerly frequently had bleeding from the nose.

My diagnose was: Neurosis of the heart, and after mature deliberation I decided on *Aurum*, though also other remedies, such as *Nux*, *Spigelia*, *Natrum mur.*, *Sulphur*, etc., were considered. So I gave him *Aurum met.* 5 C., three drops in sugar of milk, to be dissolved in 50 grammes of water; every morning and evening two teaspoonfuls were to be taken.

The result was quite remarkable. The patient wrote to me:

"On Sunday, December 22d, I had the honor of consulting you about an ailment which you designated as neurosis of the

heart. Next evening when going to bed I felt as if in a vein near the heart, *where the pinching pain had hitherto been felt*, something rolled away. From that time I felt no more pain, which yet had before that been felt several times every day in the region of the heart. The action of the bowels is satisfactory, so that no additional measures were necessary; nor have I, indeed, anything more to complaim of as to my health."

SERUM THERAPY.

Translated for the HOMŒOPATHIC RECORDER from *Mediz. Monatsh. f. Hom.*, January, 1901.

Antitoxin. In the *Wiener Medicinische Presse* (No. 8, p. 311) we read the vaunting words: "Since the general introduction of antitoxin the mortality from diphtheria in Paris has diminished (from 1880–1895) by two-thirds." Prof. Rosenbach, the genial and celebrated champion of scientific physiatry, picks the computations of the medical statisticians to pieces and shows the principles according to which scientific therapeutic statistics should be calculated so as to receive correct and useful results. The shameless arbitrariness with which the fanatics and enthusiasts of serum therapy claim such striking numerical results as the effects of this therapy cannot be too sharply reprimanded, and it is sad that men who have the scientific qualifications and the courage for such a task cannot get a hearing among the ordinary crowd of physicians.

The New Plague Serum. The Belgian government sent two physicians, van Ermengen and Voituron to Glasgow to study cases of plague there. They were specially requested to test the plague serum of Dr. Meltschikow, of the Pasteur Institute is Paris. At the advice of this learned man both of these doctors received injections of this serum. They visited the infected quarters and observed numerous cases of the plague; but no reports could be rendered for the present as both these physicians are grievously *sick from the injection of the plague serum.* No comments needed !

THE EXCISION OF THE SPLEEN is an operation which is becoming more frequent of late. It is done mostly when the spleen has suffered lesion through sharp instruments, causing a disruption of the organ and thence an extensive hæmorrhage in the abdominal

cavity. Such a case which may also serve as a warning to others is communicated by Dr. Krabbel, of Aix-la-Chapelle, in the *Deutsche Med. Wochenschr:*

"A healthy boy, nine-and-a-half years old, was sliding down the banisters, as many children do. In doing so he fell down half a story and struck with his body on one of the steps. The physician that was called diagnosed an internal injury, and caused the boy to be taken to the hospital. Here an operation was at once undertaken; the abdomen was opened and it was found that the spleen was torn into several pieces. The whole organ was excised. The boy made a good recovery and is now perfectly well."

ACUTE POISONING FROM COCAINE.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, March 28, 1901.

A tall, vigorous and well-built farmer of forty-four years had been suffering violent pains for three weeks; these pains radiate from the right hip-joint to the knee-joint and into the outer side of the foot, incapacitating him for work and depriving him of sleep. They were excited by the least motion, and even while resting they were felt in the *tuber ischii.* All attempts at relieving him hitherto had been in vain. An examination showed a typical ischias dextra.

To give the patient a speedy relief, Dr. Bergmann gave him an injection of *Cocaine* in the right buttock, and caused the point of injector to enter deeply so as to touch the nervous ischiadicus. He used 1 c. cm. of a freshly prepared 5 per cent. solution of *Cocaine* (0.05 *Cocaine*). The result was striking. In five minutes the patient had not the least trace of pains left, so that he could walk home briskly, while he had scarcely been able to limp into the office. On the following day the author visited the patient, who was just returning home from heavy farm work and was again seized with violent pains in the calf of the leg. He received an injection of 0.03 *Cocaine* in the upper part of the calf, applied in a direction toward the nervous peronæus. About five minutes afterwards *the patient felt faint, things became black before his eyes, violent palpitation of the heart set in; the pulse was tense, full, up to 120 beats, the respiration was panting (32 R.); the sensorium was somewhat dulled, formication and numbness in the hands and feet. After ten minutes, clonic spasms in both the upper extremi-*

ties and in the left lower limb appeared, the right limb lay there without any motion; the face was flushed, the pupils dilated to the utmost, the corneal reflex was extinct, the bulbi protruded forward, and were then again retracted; the sensorium only somewhat clear for a moment or two.

After applying cold water compresses to the heart and the head, and administering some strong black coffee, the patient felt considerably better in half an hour. There was no more pain in the calf, while the spot injected showed insensibility; there was some heaviness in the head, otherwise he felt well. In an hour the man could leave his bed, and remained well; the pains did not return again.

The author has injected as much as 0.07 (!) of *Cocaine* at one time, and used the remedy also internally, always without injury. It was peculiar in this case that the patient showed no reaction at the first injection of 0.05, while next day a much smaller dose was followed by such threatening symptoms.

The author thinks that at the second injection he must have struck a small vein, as might easily happen in the copious reticulation of veins found in the bend of the knee and in the calf, and that this caused the rapid absorption and full effect of the remedy. But he adds: "This will not cause us to desist from the use of this blessed remedy, even if it should become absolutely necessary to first study experimentally the conditions causing such acute poisoning." (*Muenchn. Med. Wochenschr.*, 1900, No. 12.)

Frequent cases of poisoning from *Cocaine* have proved satisfactorily that *Cocaine* is a powerful remedy, and it is manifest that an injection into a vein would considerably heighten its effect. The old school for the sake of a temporary effect is unwilling to give up such dangerous experiments. The "mild power" of Homœopathy is still a sealed book to that school.

THE EVOLUTION OF A HOMŒOPATH.

From *Medical World.*

EDITOR MEDICAL WORLD: Under the above title I will endeavor to give the "reason for the faith within me." As this is a matter of personal experience I must of necessity make more frequent use of the first personal pronoun than might appear compatible with due modesty.

In 1873 I received my degree from a homœopathic college, and

have ever since been engaged in the practice of medicine. Ostensibly during all these years I have been a homœopath, but really I did not begin the practice of Homœopathy until after fifteen years of miserable bungling, hopes and fears, getting now and then a glimpse of the light, following for a little time the beautiful ray, and then relapsing into the old-time "go-as-you-please," racing up and down the gamut of empiricism and seeing precious lives go out that might have been saved had I but caught the spirit of Hahnemann earlier in my professional life. This is not a pleasant thought; but like St. Paul, "I did it ignorantly." There never has been a moment of my professional life when I was not anxious to know the truth; and I am sure that all my readers are of that mind. We all want the truth, and if there be a law by which we may be guided in the selection of a curative agent in any and all curative cases, for the love of God and humanity let's lay aside all preconceived opinions and press into the light. That there is such a law, immutable and universal as the law of gravity, I know from the ten thousand experiences incident to many years of bedside and office practise. That which proved a stumbling block to me is the thing that confronts many (if not all) of my readers; the immateriality of the dose. I remarked many times that I could not conscientiously trust the life of a seriously sick person upon anything less than material doses of medicine. And now I will proceed to relate as nearly as possible the series of circumstances and experiences which have made me all that is implied in the word "Homœopath."

I was not born with a gold spoon in my mouth, and when I graduated I was obliged to borrow five dollars to get out of town with. I hung out my shingle in a little town in the northwest corner of Ohio, and how I managed to keep soul and body together for the first few months I do not care to relate. But I know that I was so fearful that I would not do all possible for the few patients who came my way that I usually called for three glasses of water, medicated them with my homœopathic tinctures, and caused them to be given in half hourly or hourly alternation. I did this on the shot gun principle, "if one does not hit one of the others will." This utterly unscientific method reaped its legitimate fruit. I encountered failures much oftener than howling successes, bills for current expenses crowded me until I was many times tempted to throw my books, medicine cases and instruments into the Maumee river and become a cowboy, or anything else that promised a life of action. But providence ruled otherwise.

One morning I sat in my little office, not a thing in sight so far as business was concerned, and I had an attack of the blues of the darkest navy type. An old gentleman appeared at the door and inquired, "Is the doctor in?" I arose and proclaimed myself to be that gentleman. He looked a moment at my beardless face, towering figure of five feet six inches, one hundred and twenty pounds avoirdupois, and then he took on that exasperatingly quizzical look that all callow followers of Esculapius must encounter, and asked, "Ain't you a good deal of a boy to be a doctor?" I was obliged to plead guilty to the charge, but assured him so earnestly that I would outgrow it in time if allowed the opportunity that I believe he was more than half convinced; at any rate he took me with him to see a babe which had been given up to die by all the other physicians of the town. I found my patient to be the most unpromising specimen of humanity I had ever seen. It was a three months' old babe, emaciated to the last possible degree, and I could see no possibility of getting any reputation out of this case. I did the best I could in the way of examination, called for the usual plurality of glasses of water and teaspoons, set the alternation machine into motion, made a very guarded and unpromising prognosis and left. Next morning I called and to my surprise found matters about statu quo. I had not expected to find him alive. For the first time it occurred to me that there might be a fighting chance for the babe. So I sat down by his crib and made the most careful study of his symptoms of which I was capable. The history of the case was this: He was the eighth of a family of as healthy children as could be found anywhere. No heredity was traceable on either side. He was a beautiful, plump boy until the sixth week of his life, when he began to scream with pain. This he continued to do until a doctor was called in. He diagnosed colic and treated it for that trouble. But the babe continued to scream night and day when not under the influence of anodynes. One doctor after another had been called, and a counsel of several of them had at last been held, and they left the child to die within a few hours. They had never determined the diagnosis; or, at least, could not agree upon it. So I sat by the crib and studied the symptoms as I have said. Purely objective symptoms, as a matter of course, were all that I had to go upon, and there was but one of them that was in the least degree prominent or peculiar. It was this: He would kick and scream with all his puny might for a moment or two, then

would suddenly fall asleep. In not longer than three minutes he would awake with a shock of pain, scream for a minute or two again, and would as instantaneously fall asleep. I watched this process for not less than an hour. "Pains come and go suddenly." Where these pains were located I could not discover, and I could not conjecture what their pathologic basis might be; but I did happen to know enough of homœopathic materia medica to recall the fact that the above symptom is found under but one drug prominently, and that drug is *Belladonna*. I called for but one glass of water this time, and opened my pocket case. I found my *Belladonna* 3x vial empty. By some good chance which I shall never understand I found in one of my vest pockets a bottle of *Belladonna* 200th dilution. Up to this time I had never prescribed so high a potency, and I only did so now because I had no lower with me, and I really did not expect to do anything that would be of material benefit to the child. So I placed a few drops of the water medicated with *Belladonna* 200th into the little sufferer's mouth, and told the mother to repeat the dose as often as it cried. That dose, gentlemen, did the business. It immediately went to sleep, slept several hours and awoke—well! You may drop this article right now and pooh-pooh the above circumstance aside as a coincident if you will, gentlemen; but thousands of experiences tell me NO! It was all in accordance with one of the most beneficent of God's laws. The babe made a perfect and rapid recovery, and the fortunes of your humble servent mended wonderfully on the strength of that cure.

The marvelous demonstration of power in the potentized drug just related could not but give me a mighty impulse in the right direction. But one swallow does not make a summer. I did not meet so typical a case again for a considerable time, and I relapsed into my former slovenly habits of practise, now and then getting but a ray of the light which should have continuously been mine from the time of the above cure until now.

In 1877 I moved to California and practised in the mountains of Placer county for about twelve years. During that time I did well financially, but my experiences as a healer were not altogether satisfactory to myself. It required a great amount of nerve to look a two hundred pound miner in the face and hand him a one or two dram vial of tiny pellets for the cure of acute rheumatism or sciatica, etc. I need scarcely say that I dispensed plasters, liniments, polypharmacy, etc., wedging in a little Homœapathy here

and there. While I saw now and then demonstrations of the potentized drug to heal, nothing remarkable occurred until I was called to attend a case of pneumonia. The patient was a boy of ten, the upper lobe of the left lung being the seat of the attack. I treated him as usual, alternating two or three homœpathic remedies. After about nine days I pronounced him convalescent and did not see him again for a week or more. I found him not picking up as he should have done. His appetite was good, but a little food caused a sense of repletion which prevented him eating more than an occasional morsel. At 4 o'clock P. M. would ensue high fever, lasting until eight P. M. During that time he would expectorate half a teaspoonful of pure pus. At 8 o'clock the fever would subside, followed by a profuse perspiration. Physical examination revealed an abscess in upper lobe of left lung. Another symptom which I should have mentioned was that he passed urine with difficulty, cried with pain during its voidance, and it was heavily loaded with brick dust sediment.

Allow me to remark parenthetically that a homœopathic prescription should have not less than three prominent, peculiar and persistent symptoms to rest upon, like the legs of a stool. And it is not necessary to add that we cannot always get them, as in the case I first related. But in this last instance a noble trio is present. They are:

1. Sense of repletion from eating but a morsel of food.

2. Regular exacerbation of symptoms at 4 o'clock P. M., abating at 8 o'clock P. M.

3. The urinary system as above related.

There were other concomitants, such as constipation, borborygmus, etc., all found under the remedy, *Lycopodium clavatum.* The way was so plain in this case that the wayfaring man though a fool did not need to err, and I recognized the drug indicated. I gave it to him in the sixth potency, a powder every three hours. The indications were so unmistakable that I really anticipated instantaneous relief. But after two days upon the above prescription I could notice no marked change, certainly nothing for the better. The symptoms remained the same. I stuck to my drug, but I saw that I must go higher. I had nothing higher than the 6x, and no chance of getting it from the pharmacy in less than two days. So I sat down and ran it up to the 15x, decimal scale. You will never know, friends, what the test of faith is until you have taken a drop of mother tincture, or

a grain of crude substance, and run it by the centesimal scale to the thirtieth potency. I administered the fifteenth potency of *Lycopodium* to my little patient without a scintillation of faith. It has oozed out at my finger tips during the process of potentiation, but I administered it because I did not know what better to do. Saw him next day and there was marked improvement. All the symptoms were present, but lessened in degree. To make a long story short, the boy went on rapidly to complete recovery.

As a matter of course this gave me another mighty impulse in the right direction, and I could not but recognize the fact that there was a law of cure, beautiful and inerrant as any other of Nature's laws. We are all aware that *Lycopodium* in the crude is a comparatively inoccuous substance, and probably the only experience most of you have had with it is limited to dusting it into the flexures of the babes suffering with intertrigo. Why what we cell potentiation should liberate so mighty a curative principle as is found in potentiated *Lycopodium*, and thousands of other inert substances, is something beyond the realm of reason, and we are obliged to accept demonstrable truth, whether we can understand the modus operandi or not.

Again I buckled into homœopathic materia medica, determined to be a homœopath in deed as well as in name. I used my repertories and studied my cases as closely as possible, now and then making centre shots that elevated me to the clouds. But because I could not all the time apply the law and get ideal results, I began to fall off in my enthusiasm and soon was in the old ruts of alternation and polypharmacy. And so I went on at this living and dying rate, dissatisfied with my art, my heart aching for patients that I knew were curable if I could but find their remedy, until the year of 1888. It was about midnight in the month of February that I was summoned to the bedside of a lady, fifty years of age, large and fleshy. She had been an invalid for many years. She had been given drugs galore, and the stomach had become utterly intolerant of any further drugging. Her medical attendant had said that she could live but a few hours at longest. I was convinced that his prognosis was not far from the truth. Her condition was as follows:

1. She was sitting bolt upright in the center of the bed. She could not lie back in the least degree on account of extreme dyspnœa. Nor could she lean forward at all, because of enormous gaseous distension of the bowels and stomach.

2. Heart beat like a trip hammer, so that it perceptibly jarred the bed. Spitting great quantities of frothy blood.

3. Enormous eructations of gas, aggravated by the least morsel of food or drink. These eructations gave no relief to the sense of fullness and pressure.

4. Her clothing and even bedclothes were drenched with a colliquative sweat that was cold as death.

5. Extreme thirst for cold water, taking frequent small sips.

There were other symptoms that I cannot stop to detail. Neither was there time for an extended examination. She was supposed to be dying and what I did must be done quickly. I took in the above data, called for two glasses of water and alternated *Nux vomica* 3x and *Arsenicum album* 3x every five minutes. Getting no relief from these after a thorough trial I floundered about among a number of other drugs for a couple of hours. Not a symptom of change for the better. I was up against it. It really seemed to me that I was commanded to stand still and see the glory of God. And thus I stood for a number of minutes, hands in my breeches pockets, powerless. All at once, like a flash of lightning, I saw the remedy. I seized my hat, called for a lantern and umbrella, and started for my office on a run. I snatched Hering' condensed materia medica from the shelf, and turning to *Chinchona officinalis*, I found the case perfectly covered by that remedy. I immediately returned to my patient with a vial of the thirtieth of the drug just mentioned. No change had occurred during my few minutes absence, and I hastened to place a single minim of *Chinchona officinalis* 30x upon her tongue. That was not much of a thing to do, was it? But the result! I would to God that every physician upon earth could have seen it. About three minutes after taking that most potent drop, she threw her hands above her head and cried out, "My God, what have you given me?" fell back upon her pillow and immediately began to snore. Of course, everybody in the room was alarmed and sprang forward to help her to a sitting posture. But I stopped them, commanded them all to leave the room but the nurse, assuring them that the storm was over, everything was all right, and she would recover if not awakened from sleep. She slept several hours, and in two weeks was walking in her garden. Not many months later she died from organic lesions of the heart.

Such miraculous demonstrations of medicinal power are not common in the practice of the best prescribers; but they do occur

with sufficient frequency in the experience of him who is working by the law to keep him in a state of expectancy, and we are very likely to find that for which we seek. There are many reasons why we cannot always attain to all that is desirable in the line of cure; but I stoutly maintain that the man who recognizes the existence of a law of cure and is governed in his prescribing thereby, will be rewarded with a uniformity of success that he never knew before, and will see results that are absolutely impossible under any other method. This assertion I can substantiate by any reasonable amount of evidence, and if this too lengthy paper be received in the spirit in which it is written, I shall be too glad to do all I can to convince my brethern of any and all schools that God has given His children a law of cure for the ills of the body. This is the burden of my cry. I do not care a rap of the gavel for the name, homœopathy. Neither do I contend for high potency. If a man hew close to the line, prescribe the drug indicated by the symptoms, or the one capable of causing the symptoms found in a given case, he will learn very soon to dread said drug in the crude, and will be only too glad to climb the potency ladder.

So in this discussion I would be glad if we would drop the name of my own or any other school, and let us stick to the text: Is there a law of cure? I will close by stating, as intimated in my note in the last number of this journal, that since the bedside experience last related I have never doubted for a moment that there is a beautiful law of cure, and I endeavor to apply it in all cases coming into my hands. The past thirteen years of my professional life have been infinitely more satisfactory than those preceding them. I am not only willing but very anxious to help anyone into a knowledge of this truth; for I really think that the millenium in medicine will have dawned when the medical world shall have recognized the fact that there is a law of cure.

S. E. Chapman.

Napa, California.

BOOK NOTICES.

Regional Leaders. By E. B. Nash, M. D. Author of "Leaders in Homœopathic Therapeutics," and "Leaders in Typhoid Fever." 282 pages. Flexible leather. $1.50; by mail, $1.57. Philadelphia: Boericke & Tafel. 1901.

"The best Materia Medica ever published," was the comment made on this book by a physician the other day. Yet "Materia

Medica" hardly covers the scope of the book, which is a combination of Materia Medica, Materia Medica cards, self-quiz and keynotes. "Regional" means that the book is divided in the usual Homœopathic Materia Medica style—"Mind, Head, Face," etc. In each of these regions will be found symptoms, "leaders." These are given first, and on the inner margin is given the name of the remedy. These names may be covered by the aluminum book marker that goes with the book, and thus the student or practitioner can quiz himself. The man who masters this book, and the task is comparatively easy, will have a firm foundation on which to base homœopathic prescribing.

Pocket Manual of Homœopathic Materia Medica. Comprising the characteristic and cardinal symptoms of all remedies. By William Boericke, M. D. 572 pages. Flexible leather, $3 00. San Francisco: Boericke & Runyon Co. 1901.

From Hering and Breyfogle, of old times, down to Fahnestock, "A. B. C." Clark and Boericke of the current year, what a host of "pocket" and "condensed" Materia Medicas have been issued. And, unless the authors have reproved the remedies (which they haven't), what new can they have to say? Yet they are one and all useful little books, for the very life of Homœopathy is its Materia Medica; for minus that it has no reason for being, and we cannot have too much attention paid to this subject. Dr. Boericke's book is a very handsome production, printed on "bible paper" and fitted in size for the pocket.

Mental Diseases and their Modern Treatment. By Selden Haines Talcott, A. M., M. D., Ph. D. Medical superintendent of the Middletown State Homœopathic Hospital. 352 pages. Cloth, $2.59. New York: Boericke & Runyon Co 1901.

Dr. Talcott, as nearly every one knows, has been for many years the head of one of the largest and most successful asylums for the insane in the world. This work, based on a series of lectures delivered by the author, embodies the results of that long experience. It is a good book and soundly homœopathic. Something to be grateful for, that latter trait.

Etidorpha, or the End of the Earth. The strange history of a mysterious being and the account of a remarkable journey.

By John Uri Lloyd. Eleventh edition. Revised and enlarged. 375 pages. Cloth, $1.50. New York: Dodd, Mead & Co. 1901.

This remarkable book might be called a romance of science; perhaps, though, it is not so much a romance as a carrying of science to realms above the material. Listen to this from page 334: "You wrong your common sense when you place dead matter above the spirit of matter—matter is an illusion, spirit is the reality." It is a fascinating, thought inspiring book.

The Psychic and Psychism. By A. C. Halphide, A. B., M. D., B. D. 228 pages. Cloth, $1.00. Author's Publishing Co., Chicago. 1901.

The Psychic and Psychism is a systematic treatise on psychic phenomena, and is simply and lucidly written. It goes over the subject in a comprehensive way, simplifying and explaining the principal topics of this rather mysterious subject. The work will not fail to be helpful and interesting to any student of experimental psychology.

A Textbook of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and edited by Augustus A. Eshner, M. D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two octavo volumes of over 600 pages each; over 150 illustrations. Philadelphia and London: W. B. Saunders & Co. 1901. Price, per set: Cloth, $6.00 net.

The Germans lead the world in internal medicine, and among all German clinicians no name is more renowned than that of the author of this work. Dr. Eichhorst stands to-day among the most eminent authorities of the world, and his Text-Book of the Practice of Medicine is probably the most valuable work of its size on the subject. The book is a new one, but on its publication it sprang into immediate popularity and is now one of the leading text-books in Germany. It is practically a condensed edition of the author's great work on Special Pathology and Therapeutics, and it forms not only an ideal text-book for students, but a practical guide of unusual value to the practicing physician. As the essential aim of the physician will always be to cure disease, the fullest and most careful consideration has been given to treatment.

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

Commenting on a squib in the RECORDER, in turn commenting on the assertion of an Eclectric physician that one could use the "tissue remedies" "without becoming a believer in the rot and moonshine included in Schuesslerism," C., in *Medical Gleaner*, June, says:

"Very properly, he (the eclectic physician) recognizes the salts as legitimate medicines, but he does not regard them as *direct* tissue builders. If he recommends them as tissue-feeders, he is temporarily off his base and well deserves your spanking."

"Did Hahnemann accept the sciolism underlying Schuesslerism? The basis of 'bio-chemistry' is such, that if it is right, not only no other system, but no *part* of any other system can be right. Seeing this, Schuessler, with perfect naturalness and consistency, ruled out *all* of the other medical systems. Schuessler's system utterly excludes drugs. To him, there was no such thing as a drug. His is a *feeding system*. Is homœopathy that, or is it *partly* that? Excluding dietetics—common to us all—how *can* it be *partly* that?"

"It is a lamentable fact that all schools of medicine are tainted with the Schuessler idea. All of them, for instance, prescribe phosphorus for neurasthenia, lime for rickets, iron for anæmia, etc. All of them have *inherited* this tissue-feeding notion from the medical past. Do the provings of these drugs justify their use under the tissue-feeding theory?"

The theory of Schuessler is, we think, all wrong, yet the remedies, as he prescribed them, are of great value—of value, not because of this "tissue feeding" power, but because they are homœopathic to the conditions for which he prescribes them.

That the homœopathic law is operative in the so-called biochemic treatment is pretty plainly shown in the two remedies, *Natrum mur.* and *Silicea*, both of which were proved by Hahnemann, and the indications given for them by Schuessler are the ones accepted by homœopaths ever since the days of Hahnemann. What is true of these is probably true of the others. They all come under the *Law.*

Dr. Thos. S. Bowles, of Harrison, O., relates a rather interesting case in the June *Eclectic Medical Journal.* It was a case of dropsy in a woman of about 50 years of age. Her feet and ankles were slightly swollen when she had a stroke of paralysis. After this, and during the next four months, her limbs swelled enormously; in fact, the whole body was involved; heart action weak. At third month lower limbs ruptured. All doctors who saw the case thought it hopeless, but under a mixture of one ounce of *Cratægus ox.*, with a drachm of *Convalaria*, 20 drop doses every four hours, patient recovered and is now doing her own house work. *Cratægus* alone did not seem to do any good.

NASH'S NEW BOOK, REGIONAL LEADERS.

Cincinnati, July 6, 1901.

Messrs. Boericke and Tafel, Philadelphia.

Dear Sirs:—I wish to thank you for the copy of Nash's Regional Leaders. The publication of this adds another book of the proper type to our Materia Medica armamentarium.

Nash certainly has the faculty of picking out the keynote symptoms of remedies, and at the same time knows just how to put them into succinct but comprehensive language.

I heartily recommend this little book to students of Homœopathic Materia Medica.

Yours truly,

S. R. Geiser, M. D.

Prof. Materia Medica, Pulte Medical College.

"I was reminded the other day, by reading in some of our journals, of my promise to report further on the case of cancer of the face and malar bone, that I was treating with "*Ecchinacea*" with very satisfactory results. I have only to say of the case, I

have not seen the man nor heard of him since the report. However, notwithstanding the favorable progress he was making, think he has dropped out of sight, or into a cancer specialist's office. But, from the experience I have had in other cases I have adopted it—*Ecchinacea*—as one of *the* remedies to be used with benefit in such malignant cases."—*A. B. Woodward, M. D., in Medical Brief.*

We welcome the new homœopathic journal, *Le Medicine Homœopathie*, edited by Dr. Lardinois, 112 Boulevard du Nord, Brussels, Belgium. It is a protest against the alleged decadence of Homœopathy in Belgium.

Dr. H. H. Curtis (*Medical Record*) says that the tincture of *Ambrosia artemisiæfolio* in from two to ten drops will prevent hay fever, or relieve it when the disease has developed. Dr. C. F. Millspaugh said the same thing thirteen years ago. See *New, Old and Forgotten Remedies.*

In his interesting paper read before American Institute of Homœopathy on June 20th, and reprinted in the *Medical Century* of July, on "Cancer," Dr. H. F. Bigger said: "Dr. J. Compton Burnett's book on *Tumours* should be read by every physician." It may be said of Burnett that he believed there were no incurable diseases. His books are records of the wonders that may be done with medicine in the hands of a man who knows medicine. They are all of great value.

DIATHESIC HOMŒOPATHY.

From *Homœopathic World.*

We are indebted to our comtemporary, the Homœopathic Recorder, for an article by Dr. Mau, further exemplifying the action of *Tuberculin.* The Recorder, which is conducted and published by Messrs. Boericke & Tafel, performs an unique service among homœopathic journals in familiarizing English readers who are not also German readers with the best work of modern German Homœopathy. Dr. Mau's work, like that of Dr. Nebel, is on the lines of what may be termed the diathesic Homœopathy first clearly enunciated by Burnett in his *New Cure of Consump-*

tion, and the cases Dr. Mau relates show what a living force Burnett is in modern Homœopathy.

When Burnett made the splendid generalization that the virus of phthisis was available for therapeutic purposes, not only in cases of actual lung affections, but also in conditions arising out of a phthisical tendency, inherited or not—for "consumptiveness," as he termed it—it was not likely that his genius would let him stop there. Nor did it. Throughout his later works the key to many of his prescriptions will be found in the knowledge of the underlying principle of this diathesic homœopathy.

Once apprehended, the application of the principle is not difficult. Moreover, it simplifies the work of prescribing to a most desirable extent. Not that it in any way abrogates the cardinal necessity of finding the exact correspondence; but, by revealing the most vital factor in a case, it will often save the prescriber much time and trouble in hunting up symptoms, by at once indicating a remedy which covers the most important part of the ground.

In order to achieve success in the use of diathesic remedies—which are not necessarily always nosodes—the art of diagnosing diatheses must be cultivated. Carefully taken family histories will be the best guide; but those who keep their eyes open for causes will often be able, from the symptoms themselves, to spell out the diathesis they arise from.

Hahnemann's three miasms—psora, syphilis, and sycosis—have been clearly depicted by his master hand; but they do not by any means exhaust the subject; they do little more than open it up. The cancerous diathesis is not covered by any one or by all of these; it can be met by its own nosodes. Many have written on the precancerous stage in cancer, and none in a more practical way than Dr. Arthur Clifton. It is not necessary to wait until actual new growths have formed before beginning to treat a person of cancerous antecedents for the purpose of curing his diathesis. Burnett taught that "consumptives" can be cured, and showed how the cure might be accomplished. In his work on Tumours he has shown how cancers and other tumors may be cured; but he did much more important work than this in treating persons of cancerous habit.

This is one of the lines on which Homœopathy is capable of great development; and it is by development on such lines as these that Homœopathy will most signally manifest its superiority over anything that allopathy can accomplish.

PERSONALS.

The long-haired seem to have left Kansas for Minnesota, where it now costs a man $50 to smoke a cigarette—if the law is enforced.

Tom Johnson, the famous Mayor of Cleveland, comes out flat-footed against vaccination, and the orthodox wail exceedingly.

Michigan Solons smoke stogies and chew plug, and vote it criminal to sell, or smoke, cigarettes.

When every reformer will learn to mind his own business and let his neighbor's alone, the old world will fairly hum along the reform track.

Serums are running up and down the scale before quiet supervenes. The latest proposed is immunity against spermatozoa.

Hanley deprecates the substitution of the mosquito-net for quinine.—*Jour. Trop. Med.*

One doctor says that the virtue of antitoxin lies in the carbolic acid; another, that it is in the cessation of local treatment; another, that it is in advertising; another that it is the grandest Triumph of Medicine. You pay your money.

Fifteen persons volunteered the mosquito-yellow-fever test; all survived; the effects were "mild."

In Texas the oil-shooter is now more popular than the six-shooter.

"Why we grow old?" One reason is, 'cause we can't help it.

A case of small-pox in New Martinsville, W. Va., turned out to be merely the effect of vaccination.

At be-nighted Sherman, Tenn., the citizens got out their Winchesters and the vaccinating doctor left.

The Southern Homœopathic Medical College, Baltimore, will have a fine new and modern building by October 1st. The report for the past year augurs well for the future.

After the baby arrives look out for squalls.

"Malaria" should be changed to "culexitis."

Diogenes' enemies want to know where he got that lantern when he put up that bluff of searching for an honest man.

President Gilman talks of the "debilitating effects of literature." Let us be thankful that it is so rare, then.

When things get hot the scum rises.

Unless natural to you don't try to be a kicker.

Dr. Nash's new book, *Regional Leaders*, is another success.

The Million Dollar President trys a bluff on *Echinacea*, but page 694, *Transactions, A. I. H.*, 1899, ought to satisfy even him. But what are facts to him!

THE

HOMŒOPATHIC RECORDER.

VOL. XVI. LANCASTER, PA., AUGUST, 1901. NO. 8

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Fifteenth Annual Session.

The American Institute of Homœopathy held its fifteenth annual session in Brooklyn, N. Y., in the Atheneum, beginning Wednesday, June 2, 1858, at ten o'clock A. M., and was called to order by the General Secretary D. S. Smith, M. D., of Waukegan, Ill. The roll of members this year embraced three hundred and eighty names.

D. S. Smith, M. D., of Waukegan, Ill., was elected President; Wm. E. Payne, M. D., of Bath, Me., General Secretary; E. T. Richardson, M. D., of Brooklyn, N. Y., Provisional Secretary; Samuel S. Guy, M. D., of Brooklyn, N. Y., Treasurer.

The Board of Censors were:

Chas. F. Manchester, M. D., Pawtucket, R. I.; Benj. F. Joslin, M. D., New York, N. Y.; Robert Rosman, M. D., Brooklyn, N. Y.; Eliphalet Clark, M. D., Portland, Me., and L. B. Wells, M. D., Utica, N. Y.

Auditors of Treasurer's accounts appointed by the Chairman were:

F. R. McManus, M. D., Baltimore, Md.; John D. Moore, M. D., Burlington, N. J.; Alpheus Morrill, M. D., Concord, N. H.; N. H. Warner, M. D., Buffalo, N. Y., and Lyman Clary, M. D., Syracuse, N. Y.

Committee on Scientific Subjects was:

J. P. Dake, M. D., Pittsburg, Pa.; Edward Bayard, M. D., New York, N. Y., and Wm. A. Reed, M. D., Philadelphia, Pa.

J. P. Dake, M. D., of the Committee on "Water as a Thera-

peutic Agent," and C. M. Dake, M. D., Committee on "Anæsthetic Agents, Their Use and Abuse," were both continued until the next annual session, neither being ready with full reports, Dr. C. M. Dake having been deterred by ill health.

A. R. Bartlett, M. D., Aurora, Ill., Committee on "Intermittent Fevers," made a report, which was held for further discussion, owing to the importance of the subject.

Geo. E. Shipman, M. D., Chicago, Ill., Committee on "Parasites in Connection with Disease," was not present, but reported progress, and was continued.

Wm. E. Payne, M. D., of Bath, Me., presented his report on "The Alternation of Remedies in Homœopathic Practice," which was laid on the table for future consideration.

B. F. Joslin, M. D., Chairman of the Central Bureau, presented a proving of *Rumex crispus;* and Wm. E. Payne, M. D., of the Bureau, gave a less elaborate proving of the same drug, and a full proving of *Calcarea phosphorica.* Both reports were published.

P. P. Wells, M. D., Brooklyn, N. Y., Committee on the "Attenuation of Medicines," being absent in Europe, without making either report or excuse, was discharged from the subject.

A. E. Small, M. D., Chicago, Ill., Committee on the "Influence of Geological Formations in Disease," was also discharged, having made no report.

John Ellis, M. D., of Detroit, Mich., sent his report on "Scale of Preparations of Homœopathic Attenuations," which was read by the Secretary and laid on the table for future discussion.

D. M. Dake, M. D., Pittsburg, Pa., Committee on "Evacuants and their Physiological and Therapeutic Relations to the Human Economy," forwarded his report, which was read by Dr. J. P. Dake, accepted and laid on the table for future disposal.

I. M. Ward, M. D., Newark, N. J., Committee on "Mechanical Support in the Treatment of Disease," presented no report, but desired to be continued, which request was granted.

Walter Williamson, M. D., Philadelphia, Pa., Committee on "Puerperal Fever," being absent and giving neither report nor excuse, was discharged.

E. A. Guilbert, M. D., Dubuque, Iowa, Committee on "Chest Diseases, Their Diagnosis and Treatment," reported progress through Dr. Smith, and was continued.

S. M. Cate, M. D., Augusta, Me., Committee on "Scarlet Fever,

Its Prophylaxis and Treatment," was not present, but had sent, by mail, an extensive report, which was published,

G. W. Swazey, M. D., Springfield, Mass., Committee on "Medical Dynamics," was not present, but was continued until next meeting.

Richard Gardiner, M. D., Philadelphia, Committee on "Small-pox and Kindred Pustular Diseases," read a very valuable report, which was accepted and printed. Dr. Donovan inquired what means Dr. Gardiner had used to prevent pitting, to which he replied that he had employed both *Causticum* and *Mercurius corrosivus* with agreeable success.

At eight o'clock in the evening a large audience met in the hall of the Atheneum to listen to Prof. J. P. Dake's address. His subject was "Charity in Medicine," which he handled in his usual graceful and interesting manner, receiving the hearty plaudits of his intelligent audience.

Dr. Dake commenced his discourse by mentioning how men of different mental attributes form contradictory conclusions relating to one subject. This truth, he said, should have prevented the shadows of persecution from marring the pages of history, and should now prevent all kinds of bigotry.

He thought that as children of one common parent, endowed with equal rights, yet all liable to err, even when in the pursuit of that which they think right, each should extend to the other that charity which "suffereth long and is kind," and this should continue until all uncertainty of thinking and believing is merged in the positive "I know." He did not require that men should fold their hands contented with the great accomplishments of the past, nor did he say that they should yield unconditionally to the opinions of the great men of the times, as if it were wrong to seek for improvement; or if thinking minds have deduced facts, from their careful investigation of subjects, would he ask them to abandon the principles so established. He said: "It is a charity that, springing from a realization of the natural and educational diversities of men, and from a view of the improvements made upon the works of one generation by the succeeding, causes us to acknowledge the possibility of future discoveries and improvements, than we, in our generation, have been able to make."

This liberality, seldom found among medical people, was still more conspicuously absent in those who have opposed the progress of Homœopathy. Hahnemann was once acknowledged to be

a wise physician, an excellent chemist, a very learned man, but when he endeavored to establish a general law of cure and to construct a strict principle in the system of practice he was denounced as a visionary fool, and the fiercest blasts of calumny were thrown out to divest him of his fame. Hahnemann was uncommonly moderate in temper, and seldom noticed the shafts of malice hurled at him; but once in a while his great heart grew sore at the base injustice, and when he undertook to resent it the scathing lightning of his words was surely not in vain. Dr. Dake said that the men of the present time, and particularly those who grew up in this free country, could not realize the trials and adverse circumstances accompanying the birth and progress of the yet infant art of Homœopathy. Every means that jealousy could devise and hatred foster were employed to prevent the spread of medical science as developed and practiced by Hahnemann, and when all else failed the law was called into play and he was compelled to leave Leipsic, the place of his former triumphs and temporary defeat. What was it to him that thirty years afterward Leipsic did him particular honor in statue and public demonstration? He had then passed to that other country from whence he could not return to receive the belated justice.

Hufeland, of Germany, and Forbes, of England, were the only two who showed any charity whatever in their opposition to Hahnemann. Hufeland in particular was very just, and he gave to the world his unbiased opinion of the man whom he honored for his writings and the practice of his medical art prior to his discovery. For this simple act of justice and honor to a friend Hufeland was pronounced a convert to the new medical faith and treated accordingly. In his own defense Hufeland stated that he at first stood revealed in his position toward the new system because he thought it wrong to treat the new doctrine with contempt and ridicule. Then he felt that he must lend a helping hand to one so persecuted, and he deemed it only right to listen, at least, to the principles propounded by Hahnemann and testified to by such scientists as President Von Wolf, of Warsaw; Medical Councillor Rau, of Giessen, and Medical Councillor Windemann, of Munich. He said afterward he had seen cases treated successfully by Hahnemann's system, and this compelled careful investigation. Added to this, the noble German stood by his principles which were in medical art, "Prove all things; hold fast that which is good; these were and must ever be the first command-

ments in all sciences, and in the medical practice especially." Thus he rose above prejudices of early education, above the fetters of pride and the fear of scoffers, and stood a superior example of what a physician should be. He never fully embraced Homœopathy, but he defended its right to be heard, and treated it and its adherents as a gentleman and a scholar would do.

Sir John Forbes was twenty years afterward a venturesome defender of Hahnemann. He, as Hufeland, appeared first in an essay. Forbes took for his subject "Homœopathy, Allopathy and Young Physic." In this the writer dared to say that Hahnemann was a genius and a scholar. That his name would undoubtedly appear in medical history among those of the greatest theorists and systematists. His views were original and ingenious, and he surpassed most by substantiating and carrying out his doctrine into actual and extensive practice. He was also firm in his belief and strict in following his doctrine. He also said that there were undoubtedly charlatans and imposters among homœopaths, but they were also to be found among orthodox practitioners.

This essay was met by a storm of fury. Forbes was branded as a vandal and a sorcerer until "Forbes is crazy, Forbes is mad!" echoed across the Atlantic.

Dr. Dake said he only exercised the charity for which he was pleading when he spoke without harshness for those who attacked Dr. Forbes. They had been taught that Hahnemann was either a madman or a fool, while they deemed Sir John one of the wisest followers and teachers of the orthodox system of medicine. When he expressed himself in any way favorable to Hahnemann it is hardly strange that they thought him crazy, but Dr. Dake left those, who would stamp Sir John Forbes and his works into blackest oblivion rather than acknowledge that there was any truth in Homœopathy, to the mercy of Him who could pardon sin.

He said that twelve long years had passed since any manly tribute had been paid to Hahnemann from orthodox pen in orthodox journal. Opposition was, if anything, stronger, and any practitioners who forsook the beaten track of medical practice were actually expelled from societies and colleges. He said, the recreant fellows could already laugh from better quarters as they sung "Banished! What's banished but set free from the daily contact of things I loathe?"

Dr. Dake then reviewed the opposition that Homœopathy received in the United States, saying that among those who had

written or spoken against it there were none like Hufeland or Forbes, the style being neither dignified nor convincing, and the attacks illiberal and extremely unjust. For example in a certain medical journal the word Homœopathy is defined: "A fanciful doctrine, which maintains that disordered actions in the human body are to be cured by inducing other disordered actions of the same kind; and this to be accomplished by infinitesimally small doses." Here the mind is immediatelly prejudiced by this epithet "fanciful." Still further, when an old school physician hears or knows of cures performed by homœopathic treatment he ridicules the "sugar pills," and pretends that the patients are looking thin and badly, or he laughs at the temporary improvement and predicts worse maladies to follow. The cures have been so clearly demonstrated that it were worse than folly to try to repudiate them. Yet some opinionated doctor delights in smiling complaisantly and saying that he remarked long ago that there was too much medicine used, and that in the case in point most likely the patient would have recovered with no treatment whatever. Another tells a recovered dyspeptic that no doubt the diet as regulated had perfected the cure instead of the medicine prescribed. At one time they smile benignly, and say that homœopathic medicines are harmless sugar pills; at another they say that they are concentrated deadly poison. One says with gusto how many bottles of pellets he has swallowed with no results whatever, another asserts that a very few pills killed a man in a distant city. It is good to-day for women and children, to-morrow it is fit for nothing. The doctrines of Hahnemann are Spiritualism, sometimes Materialism; they are Infidelity, and anon Pantheism. Sometimes the enemies of Homœopathy graciously express their willingness to let it have its day, that it may, like all humbugs, explode itself; and again they demand law makers and coroner's juries to place their ban upon it. They say that they notice that the practice is rapidly declining, and almost with the same breath demand that something be done to check the alarming progress of its quackery. They almost demand a faithful demonstration of its results, and shout against its trial in the same hospital with the old practice. Dr. Dake then said that he would drop the mantle of charity over these evidences of depravity and human frailty, and turn to the faults to be found among the new school practitioners. He said that the difference in education and capacity made diverse opinions and sometimes contentions,

whereas there should be harmony in the labor of advancing the doctrine, and personal matters should be determinedly kept in the background. The law of Hahnemann should bind all together. He believed that a system of therapeutics founded on Hahnemann's doctrine would supersede all other modes of curing disease. Obedience to this law would establish a system of medicine as strong and immutable as Newton's system of gravitation. He described the antipathic, allopathic, and homœopathic methods of cure taking, as an example, the application of remedies by each and their varied results. Then he showed how the new school acted only upon diseased parts with consistent remedies and obtained no after affliction. He declared that all who prescribed the remedies for each disease by the law, laid down by the teacher Hahnemannn, could not go far outside the brotherhood. Each remedy must be proven upon healthy human organisms; it must be thoroughly tested and carefuly applied. Different physicians might have as many different modes of testing; but the results being the same, the whole fraternity should look with charity upon personal peculiarities in methods, and particularly with regard to the size of the doses. The one who uses a true homœopathic medicine in the 3d, 6th, or 10th is as much to be respected as he who uses the 30th, and the 200th is no more a homœopath than the others. Neither need there be division because there may be difference of opinion with regard to diet. There has not been quite enough experience to make a positive rule for the dose or the diet, but prescribed in purely homœopathic law there can be no disastrous blundering.

Dr. Dake particularly recommended charity for those who work faithfully, though they may have mistaken glittering sand for gold in their researches. In fact, he asked for the blessed virtue to be extended to all who were seeking for truth in the beloved science to which they were devoted. They were all striving for a common object, a holy object, not easily obtained, and the only way to accomplish that end was to keep in close fellowship and confide in each other, being willing to exchange views and recount experiences with the one view of perfecting the true medical art of Homœopathy.

Following Dr. Dake's address, Dr. Ward, of Newark, N. J., spoke upon the "Rise and Progress of Homœopathy in this Country," which also received pleasant appreciation.

The members of the Institute were then invited to a sumptuous

repast, prepared by the homœopathic physicians of Brooklyn, and were welcomed by Dr. Dinsmore. E. W. Dunham, Esq., President of the Corn Exchange Bank of New York City, was called to preside, and the Rev. Dr. Farley asked the blessing. Music, sentiment and response followed, the responses being desired of gentlemen residents of Brooklyn and outside the pale of the profession. The first toast offered was "The Healing Art—Once Empirical, Now Scientific," and was responded to by Mr. J. N. Bulkley. The second toast, "The Memory of Hahnemann," was followed by a dirge by the band. The third was the "Principles of Homœopathy; resting upon that sure foundation, *Similia Similibus Curanter*, they can neither be subverted or overthrown." This was responded to by the Rev. Dr. Farley, and followed by music by a quintette of ladies and gentlemen. The fourth toast was sent in by the Rev. Eldred S. Porter, and was "The American Institute of Homœopathy; may it triturate opposing errors into nothing and furnish a *Wright* for every medical wrong." This was responded to by S. S. Guy, M. D., and was followed by music.

The fifth toast, "The Clergy—We look to them to be foremost in all true reforms," was followed by singing by a trio of gentlemen.

The sixth toast, "The Bar—The Conservator of our legal rights," was responded to in an agreeable manner by C. R. Huntley, Esq., who showed that the "Bar" could *bleed* and *blister* as well as the medical faculty.

The seventh toast, "The Press—The tongue of the world; may it never be silenced," was responded to by Mr. Theodore Tilton, of *The Independent*, who made a few rather witty remarks. A duet followed sung by young ladies.

Mr. Dunham, in giving the eighth toast, said that the "sweetest morsel came last." It was "Woman, The Heart of Humanity," answered by Prof. J. P. Dake, and followed by music and adjournment.

On Thursday morning the meeting was called to order at ten o'clock, and after reading the minutes all business was postponed to listen to a paper by B. F. Joslin, M. D., on "Impurities of an Attenuating Liquid," which was laid on the table for further discussion.

Pending the discussion on Dr. Bartlett's report on "Intermittent Fever," the Central Bureau was appointed consisting of—

B. F. Joslin, M. D., New York, N. Y.; Wm. E. Payne, M. D., Bath, Me.; M. J. Rhees, M. D., Mount Holly, N. J.; Edward Bayard, M. D., New York, N. Y.; and C. J. Hempel, M. D., Philadelphia, Pa.

The discussion of the subject was then entered into by B. F. Bowers, M. D., of New York; C. J. Hempel, M. D., of Philadelphia; T. W. Donovan, M. D., of Staten Island, N. Y.; Wm. H. Watson, M. D., of Utica, N. Y.; N. H. Warner, M. D., of Buffalo, N. Y.; I. M. Ward, M. D., of Newark, N. J.; Lyman Clary, M. D., Syracuse, N. Y.; J. P. Dake, M. D., of Pittsburg, Pa., and F. R. McManus, M. D., of Baltimore, Md.

This discussion, far too voluminous to report in this article, was carried on in an elaborate and thoroughly honest and professional manner by all engaged, and the courtesy of one to another was most remarkable in the inquiries elicited respecting the selections of medicines and the reasons for their use, and particularly in the difference of opinion expressed regarding them. The discussion occupied all of that morning session. In the afternoon the Institute, on motion made by Dr. McManus, decided to hold its next annual meeting in Boston, on the first Wednesday in June, 1859.

The last annual report of the American Provers' Union, together with the Constitution and By-Laws were received, and all filed.

The Chicago Homœopathic Society presented its proceedings of the last year, which evinced a worthy and faithful amount of energetic industry, an example to some other societies in the country. With it was the second annual report of the Illinois Homœopathic Medical Association, both of which were placed on file.

A report was received from the New Hampshire Homœopathic Medical Society, together with Constitution and By-Laws. Placed on file.

A communication from Dr. Ludlam, of Chicago, on the "Endemics of Illinois and the Northwest," was read by the Secretary and referred to the Committee on Publication. Dr. Gallupe, of Bangor, Me., sent a communication regarding the treatment of two cases of Epilepsy, which was read and referred to the Committee on Printing.

On motion of Dr. Clary, Dr. A. S. Ball was paid the sum of

fifty dollars, being the balance of his claim upon the Institute for loan.

Dr. McManus reported the Treasurer's account correct, and all debts were ordered to be paid.

J. P. Dake, M. D., Chairman of the Committee on the Selection of Subjects, reported as follows:

C. M. Dake, M. D., Geneseo, N. Y., "Anæsthetic Agents, Their Use and Abuse."

J. P. Dake, M. D., Pittsburg, Pa., "Water as a Therapeutic Agent."

I. M. Ward, M. D., Newark, N. J., "Mechanical Supports in the Treatment of Disease."

G. E. Shipman, M. D., Chicago, Ill., "Parasites in Connection with Disease."

E. A. Guilbert, M. D., Dubuque, Iowa, "Chest Diseases, Their Diagnosis and Treatment."

G. W. Swazey, M. D., Springfield, Mass., "Medical Dynamics."

B. F. Joslin, M. D., New York, N. Y., and D. M. Dake, M. D., Pittsburg, Pa., "Combinations of Potencies."

T. W. Donovan, M. D., Staten Island, N. Y., "Intermittent Fevers."

N. H. Warner, M. D., Buffalo, N. Y., "Influence of Bi-carbonate of Potassa, Tartrate of Potassa, and Carbonate of Soda in Articles of Diet."

W. H. Watson, M. D., Utica, N. Y., "Phthisis Pulmonalis."

T. W. Donovan, M. D., Staten Island, N. Y., "Diabetes."

John L. Sullivan, M. D., of New York, made a communication containing a plan for the establishment of a "Homœopathic Hotel," which was placed on file.

A letter was received from Isaac James, M. D., of Bustleton, asking to be released from the payment of dues, on account of advanced age and retirement from practice, which request was granted.

F. R. McManus, M. D., asked for the report of the Committee on Diplomas; there being no answer the Committee was discharged.

Another Committee was appointed to report at the next annual meeting, and after considerable discussion it was agreed that the Committee should decide whether the diploma should be printed in English or Latin. The Treasurer mentioned that some mem-

bers were in arrears, and that the publication of the proceedings must be abandoned if they did not pay. In pursuance of this Dr. McManus made a resolution, which passed, "That the name of every member who shall not have paid his annual dues of one dollar by the first of September, proximo, shall be published in the proceedings of the present session, with the amount of their indebtedness; and that a copy of this resolution be forwarded immediately by the Treasurer to each delinquent member."

On motion of Dr. McManus, the Institute voted unanimously to print Dr. Warner's report on "Cholera" in the proceedings of this session, which by some careless oversight had not been published in the proceedings of the previous session.

On motion of Dr. Dake reports of Dr. Bartlett on "Intermittent Fever;" Dr. Payne on the "Alternation of Remedies;" Dr. Ellis on the "Scale for Preparing Homœopathic Remedies;" Dr. D. M. Dake on "Evacuants;" and on motion of Dr. Payne, the report of Dr. Joslin on the "Effects of Impurities in Attenuating Liquids" were all ordered to be taken from the table and printed in the proceedings.

E. Clark, M. D., of Portland, Me., offered this resolution, which was adopted: "That all papers received by the Institute, which are ordered to be placed on file, be referred to the Permanent Secretary, to be used as he may think proper, in making his report of the proceedings of the annual meetings."

F. R. Moore, M. D., of Pittsburg, who had been expelled, sent a letter asking the Institute to re-consider its action regarding him. After much discussion, Dr. Lyman Clary, of Syracuse, N. Y.; Dr. Manchester, of Pawtucket, R. I., and Dr. Wood, of West Chester, Pa., were appointed a Committee to investigate his case and report at the next session.

A communication from Isaac Colby, M. D., of Concord, N. H., on "Cold and Heat as Therapeutic Agents," was received too late for consideration, and it was therefore placed with unfinished business to be examined at the next session.

W. E. Payne, M. D., proposed an amendment to Article IV. of the Constitution and By-Laws, which was also laid over for consideration at the next annual meeting. It was:

"The officers of the Institute shall be a President, a Vice President, a General Secretary, a Provisional Secretary and a Treasurer, with such other officers as shall be designated by the By-Laws, to be chosen at such time, and in such manner, and for

such period, and with such duties as those By-Laws shall ordain."

Samuel Gregg, M. D., Wm. Wesselhœft, M. D., L. Macfarland, M. D., and David Thayer, M. D., all of Boston, Mass., were appointed, by the Chairman, as a Committee of Arrangements for the next meeting.

F. R. McManus, M. D., of Baltimore, Md., was appointed to deliver the next annual address, with Samuel S. Guy, of Brooklyn, N. Y., as his alternate.

The thanks of the Institute were then tendered to the retiring officers for their faithful performance of duty, and to J. P. Dake, M. D., for his eloquent address, as well as to the physicians of Brooklyn for their graceful hospitality. The meeting adjourned to reassemble in Boston in June, 1859.

At this session of 1858, thirty-eight new members were elected to the Institute.

John Turner,	M. D.,	Brooklyn, N. Y.
George V. Newcomb,	"	" "
John G. Rosman,	"	" "
Henry Minton,	"	" "
J. Pitman Dinsmore,	"	" "
Henry E. Morrill,	"	" "
W. L. R. Perrine,	"	" "
James L. Watson,	"	" "
Albert Wright,	"	" "
Julius Berghaus,	"	New York, N. Y.
Edwin West,	"	" "
Edwin M. Kellogg,	"	" "
Warren Freeman,	"	" "
Otto Fullgroff,	"	" "
E. Gurnsey,	"	" "
Roger G. Perkins,	"	" "
Martin Freligh,	"	" "
M. R. Pulsifer,	"	Ellsworth, Me.
Wm. A. Greenleaf,	"	Hamilton, Canada West.
J. J. Detwiller,	"	Easton, Pa.
J. T. Hotchkiss,	"	Bloomington Grove, N. Y.
Isaac E. Kirk,	"	Hudson, N. Y.
N. G. H. Pulsifer,	"	Waterville, Me.
Melancton W. Campbell,	"	Stillwater, N. Y.
T. De Wackerbart,	"	St. Joseph, Mo.
John J. Youlin,	"	Jersey City, N. J.

La Fayette Macfarland,	M. D.	Boston, Mass.
Joseph E. Jones,	"	West Chester, Pa.
L. B. Hawley,	"	Phœnixville, Pa.
Thomas Lafon,	"	Newark, N. J.
Tullio S. Verdi,	"	Washington, D. C.
Henry E. Stone,	"	Fair Haven, Conn.
Ezekiel Morrill,	"	Concord, N. H.
Joseph C. Baker,	"	Middleboro, Mass.
Wm. H. Lougee,	"	Methuen, Mass.
A. H. Ashton,	"	Philadelphia, Pa.
Lewis Coxe, Jr.,	"	" "
Ernst F. Hofman,	"	Poughkeepsie, N. Y.

RABIES, ITS EXISTENCE AND PREVALENCE.

By Dr. Wilbur J. Murphy.

A year or two ago I wrote an article for the RECORDER on the subject of rabies and its apparent infrequent occurrence. Since then I have read of various reported outbreaks, and the descriptions have agreed so accurately that there can be no doubt of its true presence. The questionable existence of this canine malady has occasioned so much controvery that it has attracted the attention of the ablest observers, with the result, I believe, of satisfactorily establishing the fact that while not a frequent canine ill the disease exists, and is capable of being transmitted by inoculation to animals and human beings. I have never seen an animal which I was satisfied was truly rabid. I have seen many diagnosed as such which were not, yet my observations have been confined to a very limited sphere, and I do not doubt that what has been described as rabies is the true disease. It may be truly said, however, that the few, if any, of the articles in the public print deal with the real disease. The genuine malady is revealed by a train of symptoms of slow manifestations, and not occasioned by the heat of one or two warm days.

To describe every canine ill as rabies, or to urge the quick destruction of supposed rabid dogs, tends to needless alarm, and furthers the dangerous precedent of denying the actual existence of the true disease.

The Year Book of the Department of Agriculture, recently issued, contains a lengthy article upon the subject of rabies and a

description of an outbreak in the vicinity of Washington. This is no doubt the true disease, but rabies generally has become a malady so commonly referred to that it seems to have become in the public mind the only canine ill. Anyone seemed capable of diagnosing the condition, and with unerring frequency. What has been the result? The public have been needlessly alarmed, grave apprehensions occasioned for no substantial cause, and supposed victims subjected to various useless, harmful, painful, and dangerous practices of prevention and cure. It has permitted the growth of a horde of alarmists who lived and profited on the generally groudless fears of those who unfortunately sought their aid.

In France, I believe, has been the greatest opposition to the belief that rabies was a specific disease. I can recall an experiment cited by a French author to substantiate his opposing view of the existence of rabies. I also referred to it before in your paper. By suspending a pig from the ground and torturing him into a condition of frenzy, it is claimed that when released the animal was rabid and displayed a tendency to attack and destroy animals within its reach, and from its condition it was argued that what was described as rabies was an exalted nervous condition produced by conditions of ordinary occurrence. No mention was made of any inoculations having been made with a serum prepared from this frenzied pig. Such have been the arguments advanced against rabies being a specific disease that it could be produced by extreme nervous irritability.

We seemed to have learned some recent facts concerning rabies. We have acquired a knowledge of its transmission by inoculation and an explanation of the spontaneous origin of development. We know that it is slow in its manifestations, and can only be recognized by its junction with the protracted train of symptoms characteristic of this dreadful malady. We have learned that the heat of summer has no more influence on the disease than the cold of winter, but that the summer heat produces canine ills and indispositions which are hastily diagnosed as rabies, and which have largely been influential in confusing the real specific disease with temporary and simple canine disorders. At this season of the year, when the extreme heat oppresses both human beings and animals, it may not be out of place to say that the many and varied delusions associated with the mention of rabies and hydrophobia cannot be too forcibly shown, and the truth made to stand

in bold relief, to the end that we may not only dispel the many false beliefs and fears regarding rabies and hydrophobia, but also that the true disease may be recognized and controlled.

Springfield, Mass., July, 1901.

CHAIRMEN OF SECTIONS AND COMMITTEES OF A. I. H.

Dear Doctor:

I hand you herewith the appointments made by the President of the American Institute for chairmen of sections and committees at the last meeting in Richfield Springs.

Fraternally yours,

WILSON A. SMITH,
Recording Secretary.

Transportation.—Dr. J. B. Garrison, New York.

Press.—John L. Moffatt, M. D., Brooklyn.

Resolutions.—Benj. F. Bailey, Lincoln, Neb.

Revision of By-Laws.—T. Y. Kinne, M. D., Paterson, N. J.

To Co-Operate with O., O. and L.—W. A. Dewey, M. D., Ann Arbor, Mich.

On Medical Examining Boards.—C. A. Groves, M. D., East Orange, N. J.

Life Insurance.—A. W. Bailey, M. D., Atlantic City, N. J.

Memorial Service.—T. Y. Kinne, M. D., Paterson, N. J.

Necrologist.—A. C. Cowperthwaite, M. D., Chicago.

Organization, Registration and Statistics.—T. Franklin Smith, M. D., New York.

Medical Literature.—Frank Kraft, M. D., Cleveland, O.

International Bureau of Homœopathy.—J. B. Gregg Custis, M. D., Washington.

Chairman of Sections:

Materia Medica.—C. F. Menninger, M. D., Topeka, Kan.

Clinical Medicine.—W. H. Van Denberg, Mt. Vernon, N. Y.

Obstetrics.—J. P. Cobb, M. D., Chicago.

Gynæcology.—H. F. Biggar, M. D., Cleveland, O.

Pædology.—J. P. Rand, M. D., Monson, Mass.

Sanitary Science and Public Health.—C. F. Adams, M. D., Hackensack, N. J.

Surgery.—C. E. Kahlke, M. D., Chicago.

Neurology and Electro-Therapeutics.—A. P. Williamson, M. D., Minneapolis, Minn.

Ophthalmology, Otology, Laryngology.—E. H. Linnell, M. D., Norwich, Conn.

Medical Education.—O. E. Janney, Baltimore, Md.

Medical Legislation.—J. H. McClelland, M. D., Pittsburg, Pa.

The following is the leader in a new homœopathic journal started in Begium:

REASON FOR EXISTENCE.

By Dr. Th. Van den Heuvel.

Translated for the HOMŒOPATHIC RECORDER from the opening number of *Le Médecin Homœopathe*, Brussels, Belgium, June 15, 1901.

Pensive, in a revery, bowed down by the memories of an agitated past, I was walking along the northern coast, when all at once I beheld lying on some dark green seaweeds by the side of the road the body of a young woman. Puzzled by the sight, I approached slowly, and found a pale figure with sallow cheeks, projecting cheek-bones, deep sunken eyes, pupils staring vaguely without the brilliant light of vitality, and the body slight, slim, and emaciated. It was an anæmic person, a chlorotic, at the point of swooning away, and stretched out on the ground from the lack of strength and energy.

"What brings you here, maiden?" I enquired.

Finally opening her eyes and collecting what strength yet remained to her, she said:

"I fell down from inanition. Without assistance and support I shall waste away and perish."

"And your name?"

"Homœopathy," she answered.

"Homœopathy," I cried, "the daughter of Samuel Hahnemann, my master."

"The same," said she. "I was born healthy and vigorous and with the breath of a mighty life animating me, full of hope, and guarded by the watchful and jealous care of my author and his first disciples—the truly inspired—I developed into the strong maiden of Holy Writ, a woman harmoniously developed for a bright future. But those inspired men who comprehended me died, and the younger generation, less æsthetic, less philosophic

and less penetrating when looking at me and scrutinizing me, did not see in me the noble fire of truth which the genius of my master discovered in me. They smiled at me complacently and went their way, murmuring, 'Perhaps she may be what she pretends to be, the expression of pure truth; but she is too ethereal for our busy spirits. Let us pass on.' And the generation passes along, preferring the dull atmosphere of the past to the bright morning dawn of the genius of Hahnemann. And what can a lonely woman do? Without the strong shelter of a strong, independent man, she cannot scatter the difficulties from her path of progress; she may struggle on, but she must finally fall enfeebled and exhausted. And so you see me in the last stage of the struggle, a chlorotic sob at my heart, my breath coming slow and labored, my limbs trembling, and having no other hope but to grasp a brave and loving hand so that I may escape oblivion and death. Who will help me?"

Wearied by her confession, she fell back on the sea-weed of the down, languid and motionless.

"See my hand," I replied, "I knew Hahnemann, his disciples—the inspired ones—and I knew his daughter, Homœopathy, and the bright beam of truth that animates her and which will not allow her to perish. Arise and let us go forward. You shall have my shelter and protection, my time and my energy. The Truth may languish, but she cannot die."

She arose, and resting on my arm she made her first step hesitatingly, when suddenly—I awoke! My vision had been but a dream!

But what was the cause of this dream? A dream, it is said, is generally the remembrance of an act performed at some preceding time, more or less distant. Consulting my memory, I remembered having read in the Journal of Congress in Paris in 1900 "The progress of Homœopathy in the world since the last Congress," and that I was struck by the division made by Dr. Léon Simon of those reporting into three categories, those that are gratifying, those that are satisfactory and those which are disappointing. This latter embraced Spain and Belgium.

Yes, Belgium is disappointing, though it sheltered Jahr, the first disciple of Hahnemann, and a host of noble fighters, who defended and extended Homœopathy successfully some 15 to 20 years ago—since that time there has been—decadence. Is this possible? Yet the confession made at Paris proves this. The

pure and philosophic spirit of Homœopathy has given way to *sacra auri fames.* Science for the sake of science is found too great a sacrifice in this age of material enjoyments. Science is pursued now for its financial rewards—that is the motto now. The lack of cohesion also is a second factor in this decadence, and this slow poison has gradually in its successive doses produced anæmia.

But there is one consolation: "Homœopathy," says Dr. Simon, "may undergo partial and momentary eclipses in one country, but even though it should for a time completely disappear in one country, it will always appear again after prospering in other lands."

So now, though decadent in Belgium, it flourishes in America and in Germany, thanks to its journals and the independence of their editors.

Then be of good cheer! Go right forward! and let us give to our Belgian readers a new journal which, though unpretentious in its first beginnings, is devoted to Homœopathy and its propagation!

SECALE CORNUTUM IN DIABETES MELLITUS.

By Dr. Saray Chandra Gosh.

The following is taken from the Transactions of the International Hom. Congress in Paris:

Case I. A man forty years of age had been suffering with diabetes for seven years; the treatment so far had been without effect. The urine contained a considerable percentage of sugar. The patient eagerly desired cold drinks, but these afterwards lay heavy in the stomach. He was emaciated, the skin was pale. Great prostration, the knees extremely cold. Great restlessness.

Secale cornut. 6 Dil. The patient recovered after one month.

Case II. A man of fifty years with diabetes. Loss of memory, cannot fix his attention on any one object. A heavy percentage of sugar in the urine, with continual urging to urinate. Pain in the bladder, color of the urine pale yellow. The mouth dry, the saliva sticky and foamy, severe thirst. Cured by *Secale cornut.* 6.

Case III. A man had been suffering from diabetes for eleven years and had become a mere skeleton. The following symptoms appeared with him in alternation:

Anxiety and timidity. Dizziness and vertigo. Heaviness of

the eyes. The hearing is poor. The nose dry and stopped up, so that he cannot breathe. The face pale, the complexion earthy gray. Heat, burning in the face with pale cheeks. The mouth is dry. Hunger, even after eating, longing for water; sensation of emptiness in the stomach. Tendency to constipation; the stools are hard and difficult. Constant urging to urinate. Urine pale with gelatinous sediment. Pain in the hips during urination. Dry cough. Pulse slow and weak. Great weariness, increased by every mental exertion. *Secale cornutum* effected a thorough cure in eight weeks.

Case IV. A man of forty-five years suffered from diabetes. He had the following symptoms: Dyspepsia. Absent-minded. The patient continually thinks of suicide. Headache at the least vexation. Copious flow of acrid tears. Nose is swollen and dry. Face pale and sunken. Bitter taste in the mouth. Mouth dry, with only slight thirst. He is hungry, but cannot eat anything. Nausea and vomiting. Nausea, especially in the evening after eating. Flatulent colic toward evening; burning in the abdomen. Burning and violent pain in the region of the liver. Violent pressure on the stomach, as from a heavy load, with burning. Violent urging to urinate, after micturition. The urine is pale, watery, copious. Respiration is slow. Palpitation in the evening, with slow and intermitting pulse. Great weariness and trembling of the limbs. Clamminess in the hands and toes. Considerable prostration. The skin is always dry. Irritable, nervous temperament.

Secale cornut. had quite a wonderful effect in this case.

Case V. A man with diabetes had besides this also chills and fever every afternoon, the temperature rising to 102° F. There was melancholy and dislike for work. Vertigo. Dryness of the eyes. Pale, earthy gray complexion. Taste very bitter. Tongue dry and with a black coating. The gums bleed easily. Voracious hunger, even after eating. Constipation, stools hard and tough. The quantity of urine is extraordinary; he feels very tired and prostrate. The urine contains sugar and albumen. Urine red, of high specific gravity. Sexual desire and potency have altogether disappeared. Violent palpitation, the pulse small and intermittent. Chills and fever in the afternoon, with great thirst.

On the 6th of January, 1889, he received *Sizygium jambolinum.* After this he had a bad night, frequent micturition, the urine

having a specific gravity of 1045 and containing very much sugar. Temperature 102° F.

January 10. No improvement.

January 11. *Secale cornut.* A quiet night. Urine in twenty-four hours 94 ounces. Specific gravity 1042. Still much sugar. Fever.

January 20. No fever. Urine in twenty-four hours 70 ounces. Specific gravity 1035. Still much sugar.

January 30. Daily quantity of urine 60 ounces. Specific gravity 1024. Considerable sugar. No sugar.

February 16. Quantity of urine 50 ounces. Specific gravity 1020. No sugar.

February 22. Quantity of urine 44 ounces. Specific gravity 1018. No sugar.

February 28. Quantity of urine 40 ounces. Specific gravity 1014. No sugar.

By a continued use of *Secale cornut.* the patient was perfectly cured.

These cases, the Doctor says, give a striking proof of the curative effects of *Secale cornut.* in diabetes mellitus and insipidus.

A TRIUMPH FOR HOMŒOPATHY.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*

An adherent of Homœopathy, a member of the homœopathic society in C., writes: "I am urged to report to you a special case. At the end of last April my boy, Oscar, 8 years of age, was seized with violent pains in the ears. Since fever also set in. I gave him *Aconite* and *Belladonna* in alternation, and put him into a cold sitz-bath twice a day. The fever soon diminished, but not the pains in the ear. There was a deep redness of the external ear and a slight flow, hardly perceptible. After a few days, and after trying several remedies, hardness of hearing set in. On the 11th of May I determined to consult a specialist, and chose Dr. S. He carefully examined the lad, and then came to me saying: 'Your boy is in a bad case; the right ear is lost, the left one may yet be saved; he has a malignant inflammation of the middle ear, which, however, strange to say, has been in some way checked. Has he not had some discharge from it?' I answered, No. 'Did you do anything for it?' Yes, I answered, I bathed the lad every

day. But this did not seem to satisfy the doctor, for he asked me several times whether the ailment was not *older*, and whether no discharge at all had appeared. When I had as often denied these questions, he replied: 'This form is the most dangerous one, the inflammation being even *very* malignant. On the right ear the boy is already deaf, for the tympanum has parted in two places, and is so much changed that it no more looks like a tympanum. The left ear has been already drawn into sympathetic ailment through the suppuration of the gland in the tube, and if the gland is not removed your son will be deaf, or at least hard of hearing. The operation must be performed. I can only undertake the treatment under this condition.' After inquiring more closely about the position of the gland and the nature of the operation, I answered that I could *not yet* conclude to have the operation performed; the lad appeared to me to be too much weakened by the disease. Dr. S. replied, 'Then come back in ten to twelve days; but then it must be done.'

"I then took my boy and went directly to the homœopathic physician, Dr. B. This gentleman—who is also a specialist for ailments of the throat and ear—examined my boy with the same skill as Dr. S., and gave the same statement as to his state, only he was of opinion that a thorough cure might be effected also *without* an operation. After having thoroughly syringed the ears as Dr. S. had done, he prescribed *Calcarea jodat.* in alternation with *Silicea*, and dropping in diluted extract of *Hamamelis*. I conscientiously followed his prescription, but in addition I had the boy take warm baths of the whole body in water in which pine straw was steeped, such baths being known to me as salutary from my youth. The pains diminished, and in twelve days the boy was cured.

"Completely. The inflammation of the middle ear and the suppuration of the gland were removed, the tympanum was perfectly normal, and not even a trace of hardness of hearing remained. When I presented the boy on the 24th of May to Dr. S., he was extremely astonished, and said: 'This is an *extraordinarily* good state; the boy can be considered as cured.' But he did not ask how it was effected. I am highly rejoiced at this result, and shall thank Dr. B. as long as I live.

"Ed. Th."

DANGER IN THE USE OF GRANITE WARE.

From *Leipziger Pop. Zeitschr. f. Hom.*, October, 1899.

Dr. Sharpin, in Brighton, points out the dangers connected with the use of enameled ware as developed in a number of investigations. When enameled ware is heated the iron and the enamel expand unequally. The enamel then cracks off in large or smaller splinters resembling glass. This can always be found in the articles of food cooked in such utensils. Dr. Sharpin thinks that the present great increase of appendicitis or inflammation of the vermiform appendix must be ascribed to swallowing these small, sharp splinters.

SOME USES OF TUBERCULINUM.

By Dr. Mau, of Kiel.

Translated for the HOMŒOPATHIC RECORDER from *Leipziger Pop. Z. f. Hom.*

I. A chid, one year and a half of age, whose sister I had cured from a tuberculous affection of the eyes by means of *Tuberculinum*, came to me in May, 1889, to be treated. She was suffering from softening of the bones, nocturnal restlessness, paleness and emaciation. I had known the family for years, and I knew, therefore, that the child had a tuberculous constitution. It was cured with *Tuberculinum* in six weeks; owing to some disturbance of the digestion I had then to give her *Pulsatilla*, and now the child is healthy and developing finely; its bones have become hard and strong.

II. A married woman, twenty-nine years of age, came to me four years ago on account of pulmonary consumption. She is very pale, nervous and much disturbed by her cough. All her relatives knew she was consumptive, and she had spent the preceding winters in Malta. While being treated with the homœopathic remedies indicated, there appeared a very slow and gradual amelioration, and two years passed in this way, without my having been able to make much progress. Then I gave her for a few months *Tuberculinum*, which led to a rapid and permanent cure.

III. A lady, forty years of age, came under my treatment in November, 1888; nearly all her relatives had died of consumption, I believe her to be the only survivor, and she was manifestly

about to follow the others. There was much fever, especially of evenings, great restlessness and excitability; melancholy; the tongue was very red; chronic diarrhœa. During the last six weeks she had lost much in weight; lack of appetite. *Tuberculinum* 30 cured her in six weeks. After her second powder the fever left her, soon afterward her diarrhœa ceased, and the patient quickly regained her weight and strength. The discharge of the stool was in a manner I had often noticed with consumptives, the discharge being explosive like shooting off a gun. Consumptives are usually full of hope, except in tuberculosis of the brain. In this, patients are peevish, irritable, sullen, taciturn, dejected and melancholy. But as they recover, their disposition also becomes cheerful and normal.

IV. A little girl of seven years came under my treatment on account of tuberculosis of the left knee. She had been limping for eleven months. The knee is much swollen and sensitive; the teeth are tuberculous; there is consumption in the family. After taking *Tuberculinum* for four weeks, the swelling of the knee had diminished by one-third; the joint was flexible, the raspberry tongue had disappeared, the teeth were sound. Then for eight weeks more she received *Tuberculinum* 100 and was fully restored; the last trace of swelling on the knee disappeared on giving her *Calcarea carbon.* in the third trituration.

V. *Tuberculinum* has a wonderful action on the teeth and their growth. These are what I call tuberculous teeth, though often they are only very imperfectly developed; they have holes on the surface. Three years ago I was treating a lady who had many scars and glands on the neck, and her teeth were such as described above. As the health of the patient was restored, her teeth also became clean and fine, the holes became smooth and most of them vanished.

In a girl of eleven years, this effect was even more marked. She had a fretting herpes (*herpes tonsurans*) on the head. All her glands were swollen; raspberry tongue; a malignant cough, worse at night; though eleven years of age, she had as yet no teeth, *i. e.*, their development was very rudimentary and they did not show above the gums. All her brothers and sisters had died of consumption. In three months' treatment with the ordinary homœopathic remedies very slight progress had been made. Then I gave her for five months *Tuberculinum*. This was followed by the diminution of the glands, while her chest took a more normal

form, the respiration improved, and, strange to relate—her teeth began to grow. She is now in good health and her teeth are quite passable; the herpes also has disappeared.

I had quite a line of children of different ages from the same family who came under my treatment for *herpes tonsurans*. The mother told me she had spent three hundred dollars to get the children cured, but without any result. All known remedies had been used by her various physicians; also several specialists on cutaneous diseases had labored over their poor heads, but all in vain. The hair had been clipped off short and the head scoured twice a day, but in spite of all—the herpes had remained. Then she had hired a cottage and had kept them there isolated while a celebrated specialist on herpes treated them. But when all this had proved of no avail, she at last came to me. The homœopathic treatment of herpes with our anti-psoric remedies has often proved effective in my hands, but it usually occupied quite a time. I had cured the mother of the children from consumption in the first stage; I could, therefore, suppose that this herpes had a tuberculous foundation, and so I gave all of them *Tuberculinum* in a high potency. And the effect? In a few weeks all of them were cured, not only of herpes, but also of their glandular swellings from which they had suffered.

About twelve cases of fretting herpes on the hairy scalp have since then come under my treatment, and they were all cured in a *short* time, with a concomitant improvement in their general health. Of course, some day an allopath will find the bacilli of the herpes, breed them and astonish the world with subcutaneous injection of the same!

VI. A boy, fourteen years of age, came under my treatment in 1886 for tuberculosis. He had been having a malignant cough for a year, once, also, there was hemoptæ, and the tip of one of the lungs had a catarrhal affection. A long time before he had had pneumonia. His chest is flat, the respiration accelerated. After receiving *Tuberculinum* he recovered his health, and has retained it since.

I would call attention to one symptom in this case, namely, the tendency of the skin to *tan* quickly in those portions which are exposed to the rays of the sun. This symptom is very frequently found in consumptives. I once treated a small boy who was brought to me on account of his irritable temperament; he came from a tuberculous family, and had this symptom of tanning

quickly, as well as dirty green teeth. Two months' treatment with *Tuberculinum* and the teeth were clean, the quick tanning in the sun disappeared, and his temperament had become normal.

VII. An unmarried lady of L. had been sick for sixteen to seventeen years, suffering first from hysteria with irritation of the spine, becoming worse from year to year. The spine was strongly contorted, the left hand was inflamed so that her index finger had to be amputated. For two years both her legs had been paralyzed. The physician in the municipal hotel in W. desired to inject Koch's lymph, as that fad was flourishing at the time; and this was done eighteen times. The result was striking (!); both the legs became devoid of sensation from above all the way down. It was in this state that I found her in December, 1891. Prescription: *Tuberculinum* in high potency, every week a dose. In four weeks sensation began to return in her lower limbs, and she could gradually also move her toes. In May she could sit up again. In June she was able to rise up by herself and walk around her room. It is now the 9th of August. Her lower limbs are in a perfectly normal condition, and with the exception of the contortion of the spine and the inflammation of her hand she is as well as she was before she was taken ill.

The patient had been declared incurable, and the doctors and cultivated people in G. are aghast at such cures *Tuberculinum* has had a wonderful effect. Many so-called incurable cases would no doubt be restored by this remedy if treated in time by the proper persons.

THE CITY OF DESPERATE HOPE.

I could not help christening it so, for such it is to me and such it has been to many, oh! how many others.

It is not radiant, smiling hope; the hope that fills the day with gladness and the night with pleasant dreams. Oh, no; it is desperate hope, and that because it is the *last* hope. It is the hope that is kept alive only by love; it is the hope that has its nightly baptism of tears; it is the hope that does not warm the heart, that does not nerve the purpose, that is not strengthened by the unutterable yearning that walks hand in hand with it—without which companionship it would inevitably perish and leave no sign.

And yet this sadly-named City nestles amongst the eternal

hills, which are kissed by the first gleams of the fresh day and are bathed in the ineffable splendor of a mountain sunset. In its vista are snow-clad peaks that are crowned with the purple light which no pigment may depict; and the air is balmy with the odors of the primeval forest. There the birds carol as if there were neither suffering, sorrow nor death in the world; as if never a tear had strained the face of any one of woman born.

With all this, it is still the "City of Desperate Hope," for death is ever waving its wings over it; the shadow is ever there; above the joyous psalm of the birds rises the wail of those who cannot be comforted, for hope, even the desperate hope, is dead. "I shall go unto him but he shall never return to me!"

Yes; it is rightly named—it is the "City of Desperate Hope." and it is the grave of hopes without numbered; of hopes that have left the heart bankrupt; of hopes that in their blighting have deepened and darkened the mystery of Life. It was written in the Book of Fate that a journey thither must be made, and the aged father with the stricken son began the sad pilgrimage, impelled by desperate hope to visit the "City of Desperate Hope," God speed them!

Be brave, O Mother; bereft of thy care, thy child has still thy prayer. And they left her; and desperate hope took up its abode in her heart. (The last look—a mother's face wet with tears; and the last sound of home—the sobbing of the sisters. O Life!)

And, oh, the bravery of the stricken one. The pink flush on the cheeks told of the fatal fire that was consuming his vitals; and the wasted face with the strange light in the eye, and the weakness—all the strength of manhood gone as a mist before the sun. Surely, He helped them all or they had never reached the City of Desperate Hope.

And there they were met by a man who of his own free will choses to live in even the "City of Desperate Hope." He gave his hand to the gray-haired father and spake a cheery word to the smitten son; and there was healing in his voice and in the clasp of his hand. He it is who infuses hope into the dwellers of the city of ill-omened name; the day is not so dark when he visiteth them; the courage is refreshed by his presence even as a flower lifteth up its petals when the dew of night baptizeth them. He is the Great-Heart who is to guide them in the battle which, in God's providence, it is theirs to fight. Courage! There is light behind the dark clouds; the issues of life and death are in His hand, and

there is healing in the sunlight and in the breezes and in the germless air. It is ours to avail ourselves of every means, to put forth every effort; it is His to order our days—"Thy will be done!"

The old grey-head had to speak the parting word—"Auf Wiedersehen!"—and it was as the bitterness of death.

As the City of Desperate Hope faded in the distance, the Father felt his heart filled with that same hope! and with every mile it grew stronger and stronger, and the lonely traveller said to himself with solemn emphasis, *Lo, it is even He who tempers the wind to the shorn lamb that doeth this!*

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When I, a graceless student, polished the benches in the old college on Filbert street, the gospel of despair was preached when the professor dwelt upon pulmonary consumption. To be sure, our literature was fairly besprinkled with wonder-cures of that disease, but considering the erroneous diagnoses, the cure by medicine alone was too largely mythical to make one at all sanguine.

Of the treatises upon the treatment of pulmonary tuberculosis by homœopathic writers I do not know of one that is worth the paper that was spoiled in printing it. The much vaunted booklet of the late Dr. Burnett is only a caricature so far as diagnosis is concerned. It certainly required a remarkable liver to enable a man to publish such a "case" as this:

"About two years ago I was called to a boy of three years of age in the night, with diarrhœa, furious fever, burning hot skin, great heat in the head, red flushed face, and eyes turned upwards quivering and rolling. Patient had been ailing a little, and ordinary homœopathic remedies had been given in vain. Considering the case to be one of incipient tuberculosis, I gave one dose of a high potency of its virus; within an hour patient quieted down, went to sleep, burst into a free perspiration, and awoke in the morning greatly improved, and very soon completely recovered, and is now a very fine boy."*

That is sorry stuff to come from the press in the year of grace, 1901, and it is perilous for Homœopathy if it tolerates such literature.

But Dr. Burnett's best-based claim for *Bacillinum* becomes very shadowy when we remember that Nature alone is competent to bring about the cure of pulmonary tuberculosis. So long agoas 1838 Carswell, of London, said that pathological anatomy amply showed that there was no disease so capable of a spontaneous cure.

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* The New Cure for Consumption by its own Virus. P. 25. Fourth edition.

The trend of the latest testimony is all in the same direction; and it is time that we should recognize this great and encouraging truth.

Since making the heart-aching journey to the *City of Desperate Hope*—the village of *Saranac Lake* in the Adirondack mountains —I have done little other reading than that pertaining to pulmonary tuberculosis, and remembering the teaching of my student days I feel like a very Rip Van Winkle, which infact, I am, for

> "The strong man's part and the lion's heart
> Are things of the long ago."

That which was pleasant pastime then has now become work, and hard work, too. I see a field in which I cannot hope to labor, for the night cometh in which no man can work. I can only wish God, speed to those who are in their prime, for the harvest is ripe for the sickle.

Some seven or eight years ago six young men smitten with pulmonary tuberculosis went to the Adirondacks to battle for their lives. Two succumbed to the disease, four survived. One of the number was a physician, but with no special knowledge of the treatment of tuberculosis. He made his mistakes—luckily not fatal—and he got a rich experience. On his recovery he determined to settle in Saranac Lake village and devote his life to the treatment of the scourge of civilization, "consumption."

He shared to the full all the amenities for which the disciples of the older school are notorious; but, somehow, Homœopathy is like the plantain, it thrives by being trodden upon. Dr. J. H. Hallock can look back to-day with a pitying smile at the curses that have proven blessings by developing his "nerve."

Since he was able to resume the practice of medicine Dr. Hallock has had, I believe, five years of experience in treating pulmonary tuberculosis. Aërotherapy and, in needful cases, the "rest cure," supplemented by the homœopathic remedy administered under the most favorable conditions, have enabled Dr. H. to obtain some most cheering results. In fact, it is the rule that incipient cases are arrested, advanced cases made far more comfortable than is possible at home, and there is often enough to reward one's endeavors, a recovery of what had seemed a hopeless case.

If the digestion is not impaired, it seems to be only a matter of time under Dr. Hallock's ministrations and with that miraculous Adirondack air. Keep up the nutrition until the physiological

income is in excess of the pathological expenditure and the result is a grand triumph for modern medicine. Nature is the physician's ally, and under the changed conditions of living the *City of Desperate Hope* becomes radiant with promise.

The saddest chapter in Dr. Hallock's experience is on account of cases sent too late. He gently urges that we homœopathic physicians trust too implicitly to our "remedies" alone. Alas, are we all sufficiently expert as diagnosticians to detect when our patients are nearing the "dead line?" I know that I did not; but I can urge in pitiful extenuation that I was, as it were, benumbed by the calamity that befel me when the son upon whom I had hoped to lean in the days of my decreptitude was smitten. I hoped against hope until the bitter truth crushed me to the earth.

I saw the sanatorium at Saranac Lake and wondered if Homœopathy could not also have one there to cope with the older school and put our therapeutics to the supreme test. Our Talcott's showing at Middletown teaches us what to hope for, and the same energies that got us the asylum at Middletown should procure us a field in the Adirondacks. I know one old man who would gladly serve there as a nurse for the remainder of his days. The supreme science that is necessary to administer a "hypodermic" would not be required of him; the faithful carrying out of directions would not tax him over much; meanwhile, he would be seeing daily what Nature could do with the *similar* as its intelligent ally.

Think of the victims of this dread scourge—

> "—some we loved, the loveliest and the best,
> That from his Vintage rolling Time hath pressed,
> Have drunk their Cup a round or two before,
> And one by one sank silently to rest."

The poor consumptive is a physiological bankrupt; the deficit has been taken from him, that surplus that fortifies us against the ever-present bacillus. And timely aid will restore to him his lost immunity. Think on these things, ye who are in health; think on these things, ye who are the guardians of the public health; think on these things, ye who would not make the heart-aching journey to the *City of Desperate Hope.*

S. A. J.

EARLY EXPERIENCES WITH BACILLINUM OR TUBERCULINUM.

By W. Younan, M. B., C. M. (Edin.)

(In *Calcutta Journal of Medicine.*)

Early or first experiences through life are like so many landmarks on the road, that one may reasonably be excused for refreshing his memory of them, or for pointing them out for the guidance of others. In matters of science this becomes almost a duty, and a physician has this duty to perform *par excellence*, considering he has the interests of humanity at heart.

About the year of my conversion to Homœopathy I hailed with delight the appearance of a new book by Dr. James Compton Burnett, of London, entitled "New Cure of Consumption with its own Virus." The impatience with which I waited for its receipt was only natural, considering the subject matter of the work and the promises for good that it contained. For who could be indifferent to the sufferings of thousands of consumptive humanity when medical science had proclaimed a "new cure of consumption," that fearful disease before which physicians had so often stood with bowed heads and folded hands.

The book arrived in time, and the eagerness with which I devoured its contents ensured my happy digestion of it. To secure a sufficient supply of the virus, which could not then be locally obtained, I wrote to Dr. Burnett for the same, and he directed Mr. Heath, Homœopathic Chemist of Ebury Street, London, to send me half an ounce of *Bacillinum* C. (one hundredth potency) in small globules, the very thing the doctor had been using himself. My satisfaction at having been so armed was immense, and I set about looking for cases to try the new remedy upon.

Some two or three months after there came under my care a young lady, fifteen years of age, suffering from continued fever of a remittent type. No impression could I make upon the course of the fever, which had already run into the third week with persistent high temperatures. One element of gravity seriously complicated the case: The heart was damaged from early childhood by a sharp attack of rheumatic fever, and there was present a loud mitral *bruit*. At this stage typhoid symptoms supervened with an alarming diarrhœa and an incessant cough, which was short and dry. An allopathic physician, a mutual friend, examined the case with me, and gave a very unfavourable prognosis,

the state of the heart arresting his attention particularly. The ordinary typhoid remedies had been given in vain, and I was resigning myself for the worst, when suddenly a very bad fit of coughing suggested to me the possibility of the whole being *latently* tubercular. For I had repeatedly examined the chest for physical signs and could find none. What a straw is to a drowning man, so was the tubercular inspiration in favor of the administration of *Bacillinum* C. to me. Two globules were administered at my morning visit, and I left in fear and trembling for the possible loss of most valuable time. Imagine my surprise and delight, however, when on visiting the patient in the evening I found that the fever had been less high during the day, the number of stools diminished and the cough less frequent and troublesome. For the following days a placebo was prescribed, and I had the supreme satisfaction to note how slowly and yet surely the patient went into convalescence. A second dose of *Bacillinum* was not necessary. The young lady went up country for a change, and when some months after she returned to town, looking greatly improved, I made an examination of the heart and was surprised to find the mitral insufficiency less pronounced. I lost sight of her for over a year, when one day being called to attend her sister I found my interesting patient had just returned from school up country, where she had enjoyed the best of health. I questioned her as to the heart, and she informed me that that organ had given her less and less trouble as her general health had improved. A final examination conclusively showed me what I had never dared to expect—a complete restoration of the heart. Not a trace of the once too evident mitral bruit could be detected, and I have since learnt to believe in the curability of organic valvular disease of the heart. I have lately heard that the young lady remains in good health.

Not long after my experience with the case related above I attended the two youngest children of a family living in one of the healthiest localities in town. Both of them came down with continued fever, which, in the third week of its course, developed typhoid symptoms, those of the lungs and bronchial tubes being specially marked. *Rhus tox.*, *Arsenicum*, *Phosphorus* and *Sulphur* had failed to benefit, and both the doctor and the patient were in a bad way. I well remember being called out one night to one of these children, as the mother had become quite alarmed at her breathing and general condition. I cannot say why I

questioned the anxious mother as to the milk supply of the house except that the wish to trace her children's disease to tuberculosis was father to the thought. Her answer was definite and assuring to the effect that the *goala* (milk-man) had been supplying very bad milk for two or three months, and that, in consequence, since the children's illness, she had been using condensed milk. I fear the stable door here had been shut when the horse had run away! However, I jumped to the conclusion that tuberculous milk was at the root of the children's typhoid fever, and what more was wanted than to give the little patients a hair of the dog that bit them! Two globules of *Bacillinum* C. were given to each and a placebo administered every three or four hours as a fever mixture. *Bacillinum* C. proved as true as steel, and that single dose of orthodoxly ridiculous magnitude was sufficient to kill the whole army of tubercular bacilli that had *presumably* invaded the organism of each sick child. Both children went into speedy convalescence, and I, their doctor, incurred a deep debt of gratitude to *Bacillinum* C., which has become deeper and heavier with subsequent years of experience with it.

I am also very thankful to Dr. Burnett for having taught me the use of this very potent drug, without which many a morbid condition would remain incurable. Let others laugh at Isopathy and call it filthy and revolting. The Isopathic virus in the C. or CC. potency is as clean and inviting as the homœopathic vegetable or mineral drug, and acts as safely and pleasantly. Unlike our brethren of the opposite school we possess a very simple method for converting rank and deadly poisons into beneficent medicines. But that method is apparently too simple for learned orthodoxy! It is some consolation at least for us homœopaths to know that the researches of modern "regular" medicine tend towards Isopathy. If the virus of a disease can be so modified as to become a curative agent in that very disease, why cannot a vegetable or mineral drug be so treated as to have an effect on the sick body *similar*, if not *identical*, to that which it can be shown to produce on the healthy body?

Here is Homœopathy in a nutshell!
Here is the law *Similia Similibus Curantur!*

HEMICRANIA RETINALIS.

From *Art Medicale*, vol. 92, p. 13.

A young lady, thirty years of age, tall and somewhat slender, nervous, excitable, with regular menstruation, is in good health except for an ailment that has developed in consequence of her particular mode of life. She is very busy, late to bed and an early riser; sewing and reading fill her days and evenings, causing a great weariness of the eyes.

Since the last year and a half she has been suffering from disturbances in her vision and headache. The nature of these ailments has not been very closely investigated by the very celebrated physician whom she consulted, and who, in consequence, pursued a very perverted course of treatment. As is usual, they endeavored to remove an entirely hypothetical affection of the stomach by remedies which should restore the digestion—which was quite undisturbed—and which should combat imaginary gastric impurities. The ill effects of such a treatment showed themselves in an aggravation of the original ailment, greatly increasing the difficulty of the case.

And yet the case was simple enough: The patient stated that occasionally all at once her vision became disturbed; she could not see well, and for a while only one-half of the object at which she was looking, or only the right or the left side of a picture. Thus, there was plainly enough a *hemiopia verticalis*, and, as she stated that this disturbance was followed by a violent hemicrania, it was manifested that it was a case of one-sided cephalalgia originating in the retina.

For this ailment our Materia Medica offers us *Belladonna*, *Iris versicolor*, *Phosphorus* and *Spigelia* as the most suitable remedies. The writer believed that *Iris* was especially indicated, owing to the pertinacious constipation from which the patient was suffering. (In the plurality of the provings, however, we find diarrhœas, and even dysenteric evacuations, and only in one case we read of constipation followed by thin, watery diarrhœa. Edit.) *Iris versicolor* causes in healthy persons disturbance of the vision, hemicrania with vomiting and facial neuralgia. These morbid symptoms have been confirmed by clinic observations. Amblyopia, double and half vision have been observed in disturbances of vision for which *Iris versicolor* is indicated. Dr. Claude endeavored to investigate the effects of *Iris* on constipation by clinical observations. He found that this remedy only has a curative ef-

fect on constipation beginning with the 12–30th dilutions. This might have also been supposed *a priori*, since this drug in strong doses always has a purgative effect; and the laws of pharmacodynamics teach us that all medicines when used in small doses produce effects the opposite to those produced by large doses of the same remedy; to cure constipation with *Iris* would, therefore, require infinitesimal doses.

The patient, therefore, received *Iris versicolor* 30, dilution, six globules in 200 grammes of water, a tablespoonful four times a day. In the course of four days there was a decided improvement. The remedy was repeated, but only two doses a day were then given. The cure was complete and yet Dr. Jousset concludes his instructive contribution with the question: "Will this cure be a permanent one?" Of course, if the young lady is compelled by her circumstances to resume her former mode of life which had proved so fatiguing to the retina a permanent cure must be a matter of doubt.

THE MATERIA MEDICA PURA—HAHNEMANN'S CONTRIBUTION TO MEDICAL SCIENCE.

By A. P. Bowie, M. D., Uniontown.

That Hahnemann was learned in all the wisdom of the schools of medicine no one will gainsay who is at all acquainted with his life and writings. Dissatisfaction and repeated failures to cure led him to seek their cause, and after much study and observation and experiment he discovered a natural law of cure by which uncertainty and doubt would give place to certainty and success. After his discovery of the relationship of the disease to its medicinal cure there remained a great work for him to accomplish, viz., furnish a materia medica—a work the like of which had never been published before, and one that was destined to revolutionize the practice of medicine. The works heretofore printed on the subject of materia medica were filled with remedies the properties of which were guessed at by their smell, taste, botanical affinity, chemical composition or experience.

Fabulous virtues were ascribed to many drugs of an inert character, and numbers of compounds were regarded as essential to get full effects of the drugs. To undertake to construct a materia medica such as was demanded by the laws of similars would have

appalled a man afraid of work and lacking energy, but Hahnemann was not only a thinker but a worker, and when he set himself a task he was sure to accomplish it. He first published the *Organon*. And then after many years of weary and painstaking work he gave to the profession his *Materia Medica Pura*.

Today the list of medicines contained in this work furnishes us with the best medicines we have. And where is the doctor today without his *Aconite*, *Belladonna*, *Pulsatilla*, *Nux vomica* in his medicine cases? They are well named polychrests. Remedies as efficacious today, when surgery and bacteriology, antitoxin serum therapeutics are fashionable and floods of sample compounds are thrust upon us, and the practice of medicine made easy from pocket-book works and only a line repertories.

What was said by Dr. Charles Julius Hempel in 1854 applies equally as well today as when his pen wrote these lines:

"It is a great shame that the primary sources of our art—the great and immortal works of the founder of homœopathy and more particularly his *Materia Medica Pura* and his *Chronic Diseases*, together with the provings belonging thereto—should not be studied more zealously than they are. It is laborious and fatiguing study. We ought not to forget that these noble works are by far the best part of our art, that our most brilliant cures are achieved with the drugs which were originally proved by Hahnemann and his first disciples."

And yet we are told that Homœopathy has not contributed anything to medical science—that we are mere parts, as it were, and that we still look to the old school for all the advances made in medicine.

We have furnished the profession of medicine a practical working materia medica with a law of cure to guide in the selection of the remedy adaped to all climes and in all conditions.

This *Materia Medica Pura* is Hahnemann's best monument, and the provings contained therein are as reliable as when first published.

It is true we hear a good deal about uncertainly and unreliability of symptoms, and no doubt there are such, but the bulk of the symptoms are reliable and are the best means we have for restoring health. All improvement and advancement in materia medica must be in the same line as marked by Hahnemann and his disciples. The *Materia Medica Pura* is the model and guide for future work, and it seems to me that the paucity of our literature

as regards new provings should be remedied and more work should be done. For surely we cannot administer a remedy according to our law of cure without a proving.

It is the great need of our school today. Let us be awake to our duty in this regard. Verifications of provings and reprovings should be our life work. Let us keep adding to the work so well begun by Hahnemann.

To use Hahnemann's own words: Thus alone can the power of medicines on the human health be known; thus alone can their true importance, the peculiar action of each drug, be exhibited clearly and manifestly, without any fallacy, any deception independent of all speculation; in their ascertained symptoms all their curative elements lie disclosed; and among them may be found a signalization of all the cases of disease which each fitting (specific) remedy is capable of curing.

It administers *no* medicines to combat the diseases of mankind *before* testing experimentally their pure effects; that is, observing what changes each can produce in the health of a healthy man—that is *pure materia medica.*

What Hahnemann *meant* by *pure* needs no explanation, as a comparison of his materia medica with all others that preceded it shows its superiority, and its absolute necessity if medicines are to be administered according to the method laid down in the *Organon of the Healing Art.*

I have written this article for a double purpose—to give Hahnemann credit for supplying us with a dependable materia medica and to call the attention of the profession to the practical character of the work, as in these days of "new work" we are apt to neglect or forget the old ones.

Had Hahnemann only discovered the law of cure we would not have fared much better than from previous authors in this line; but he did more, he provided the means of cure.

Let us not forget the pit from whence we were dug, nor the rock from which we were hewn. Hahnemann founded no sect in medicine, but he improved the materia medica section of medicine and made it a science. Neither did he set himself up as a pope, but he gave us a catholic or universal principle to ascertain the virtues of all remedies and how toadapt them to the cure of all diseases. "Imitate me—but imitate exactly," were his words.

Let us continue the work he so well begun, but never let the new remedies take the place of the old, for there are no substitutes in Homœopathy; each medicine has its place.—*From Transactions of Hom. Med. Society of Penna.*

SUPPURATIVE PROCESS OF MIDDLE EAR.

Dr. E. W. Brickley, in Penna. Transactions.

In my experience as a specialist of ten years' standing it has been almost invariably the case for me to find that eczema of the auricle, or of the canal, is due to a perforation of the membrana tympani. I admit that there are constitutional cases in which there seems to be no assignable trouble in the middle ear, and I have struck those cases, but they are comparatively rare. In the majority that I have had to deal with there was nearly always present an otorrhœa, due to a middle ear suppurative process, which was primarily the cause of the trouble. Therefore, the first thing to do is to cure the middle ear trouble, and I cannot too highly extol the use of first thoroughly cleansing; it is paramount to everything else. Next to that the use of the Peroxide of hydrogen, and I prefer the Oakland Chemical Co's. The Oakland Chemical Co's. product seems to give me the best satisfaction. Then, after allowing it to "boil," so to speak, thoroughly syringe it with a carbolized solution of tepid water and dry the cavity thoroughly before applying any other ointment. I lay special stress on the drying, because in all cavities of the body you have the one prime element of decomposition present—heat and moisture. Dry thoroughly. And I have used with a great deal of success a preparation of Boric acid in combination with Calendula. I did at one time use the pure Boric acid, and found that this was not so satisfactory. Calendulated Boracic acid has no tendency to cake. Placed well up into the attic it seems to do the work very well. My guiding symptom as regards renewing the treatment is never to disturb that ear as long as the cotton plug shows no evidence of discharge. I think there is more harm done in these middle ear cases by continuing the use of a stream of water, forcibly directed against the opening which nature has tried to heal, and which the syringe will invariably tear further open. There is more harm done in that way than if you allow nature to have a fair chance. If the cotton wad is not discolored, let it severely alone. When you find the powder is more or less under the influence of the discharge, and the cotton shows some discoloration, then is the time to clean. If that cotton is discolored several times a day clean your ear that many times, and I have been able to cure cases of eczema of over eight years' standing with almost total destruction of the drumhead.

One man whom I cured is filling the office of associate judge in one of the courts of Pennsylvania, and is very grateful for the results obtained.

ENLARGEMENT OF THE PROSTATIC GLANDS FROM ADVANCING AGE.

A whole host of homœopathic remedies has been brought into the campaign against this most stubborn disease, which, we may incidentally mention, is frequently a consequence of a former attack of gonorrhœa. We believe it is better to limit our medical treasury in this campaign. Dr. Knoulton considers the leading remedies to be *Benzoic acid*, *Iodium* and *Pulsatilla*. We would foremostly recommend the use of *Iodium* (sometimes in the form of *Kali jodatum*), since this is *par excellence* a glandular remedy, and as such exercises a specific action on all glands and glandular formations.—*Monat. fuer Hom.*

ANTI-MALIGNANCY OF SUPPLIED BLOOD—ANOTHER CONCLUSIVE CASE.

By Dr. J. T. Biggs.

Sylvia T——, aged 37, American. Diagnosis: Epithelioma of upper lip of external os. Patient admitted April 9, 1901. Case of Dr. C. The doctor informed me that he had advised an operation, but the patient positively refused to have this done. Consequently, he was desirous of my employing the blood treatment. The condition, fortunately, was not extensive, but nevertheless I did not give a favorable prognosis. Examination showed no apparent glandular involvement; the condition being confined, so far as I was able to determine, to the upper lip of the external os.

The patient was put to bed; vagina thoroughly cleansed with bovinine-and-hydrozone, followed by Thiersch irrigation. Into the cancerous mass, after the diseased surface had been rendered insensible by eucain injections, I injected bovinine pure in five localities, in quantity of from five to fifteen minims. Then packed spirally around the cervix, plain bi-sterilized gauze, soaked in bovinine pure; had the hips elevated, and instructed the nurse to inject bovinine upon the gauze every hour. This gauze was

removed twice in twenty-four hours, the vagina thoroughly cleansed and repacked.

Every fourth day I employed hypodermic injections of bovinine pure. On entering the hospital the patient has been suffering greatly from pain, but after the second hypodermic injection, the pain entirely disappeared.

April 17th, examination revealed that the cancerous tissue was separating itself from the healthy tissue. Treatment continued.

April 29th, the cancerous tissue had almost parted from the healthy tissue, so that it was possible with long thumb forceps to remove all, with the exception of a portion about the size of a butter bean. This was again injected with bovinine pure, and the vagina packed as before.

May 6th, the balance of the malignant growth came away, leaving a healthy bleeding surface. The packings were discontinued now, and the nurse instructed to give Boracic acid douches every two hours, and follow it with injections of bovinine pure, the patient's hips to be elevated for half an hour after the injection.

May 19th, the wound had almost entirely healed.

May 22d, the wound had entirely healed and the patient was discharged, cured.

Coincident with the local treatment, the patient took, from the first, a wineglassful of bovinine every two hours, and a very light general diet.

This case, so far as I know, stands alone, as I never have had one to compare with it, neither do I know of any other surgeon who has reported a similar cases.

Within the past few months I have observed that malignant growths will not thrive under the blood treatment, and my theory is that the bovinine applied to the diseased surface, rapidly improves the quality of the blood, thereby enabling the leucocytes to attack and destroy the cancerous cells. As a result of the destruction, there is a local death and a line of demarkation forms, and finally the entire separation of the cancerous tissue. I am greatly interested in this and shall make further and more protracted experiments.—*Modern Medical Science.*

In discussing Dr. Hallock's paper on tuberculosis (*Hom. Eye, Ear and Throat Journal*).

The only successful application of *Tuberculin*, and, I might add, the only improved and perfected preparation, were both

made by a good and true homœopath in accordance to the law of Homœopathy, namely, Dr. H. C. Allen's preparation of *Tuberculinum*, properly potentized by him. This remedy I have seen used with marked success a great many times and, together with its helpmate, *Bacillinum*, it has done more to alleviate the class of sufferers mentioned by the essayist than any or all of the much-lauded new cures for consumption.

The entire serum therapy founded upon Koch's so-called discovery is only a bold and unprincipled effort to bodily steal and clumsily apply the law of Homœopathy, leaving out one of its most essential truths, viz., the proper potentizing or dynamically developed drug action, and their remedy being crude, given in toxic doses they met with failure, or hastened their victims into that "great country from whose bourne no traveler ever returns."

It has, however, unwittingly been the means of giving to the human race two invaluable remedies for the combating of this dread scourge,—*Tuberculinum* and *Bacillinum*.

"In years gone by, the doctor was in the habit of thoroughly selecting his remedy and by careful, exact prescribing often achieved wonderful results; it was the great difference in the method of prescribing and administering remedies that made such a chasm between the two schools of medicine. Next from powders which were troublesome to put up, came a change to the form of the compressed tablet triturate, which contained merely the single remedy. This was undoubtedly an advance and certainly more convenient for dispensing purposes, but, alas! it was merely the entering point of the wedge. Who does the prescribing now—the pharmacist or the doctor? In many instances I am compelled to say the pharmacist. Why? Because it is so much easier to carry a stock of tablets—each of which contains at least three different drugs—and dump a few into a vial than to think awhile. There is very little question of selection; if the child has laryngitis, *Aconite*, *Kali bichromicum* and *Spongia*—all in one tablet—are prescribed. This may work very well in such an instance, but how about combinations as *Bryonia*, *Rhus tox.* and *Macrotin?* And there are others even worse. If *Bryonia* is indicated, certainly *Rhus* cannot be at the same time. Where this will lead is easy to foretell; it will eventually end in the total destruction of our homœopathic Materia Medica. If any one be-

longing to our school is satisfied to practice this way, there is no need of accurate study of any particular symptoms, for the druggist has invented a tablet which often possesses an elaborate formula and which necessarily must be supposed to relieve a variety of conditions. It is the return of the old shotgun system, in vogue in the days of our grandfathers. It seems very pathetic that Hahnemann should have given up his entire life and energies to establish the greatest law of cure ever given to the world and in so short a time after his death forces so inimical to his teachings should be advancing. Now, you will readily understand that we, as homœopaths, must be deeply interested in this question. When one considers that our success in practice—and the advantage over our brother specialist of the old school will be proportionately great as our prescribing of indicated remedies is careful and exact—will not depend upon surgical skill alone, for he also possesses that; his materia medica resources, however, are wretched. If you take *Iodide of potassium* from the old school specialist—particularly the oculist—he is as helpless, therapeutically, as a babe."—*From Presidential Address of Dr. Thomas L. Shearer, Baltimore, before Hom. O., O. and L. Society, Richfield Springs.*

BOOK NOTICES.

History of Medicine. A Brief Outline of Medical History and Sects of Physicians, from the earliest historic period; with an extended account of the new shools of the healing art in the 19th century, and especially a History of the American Eclectic Practice of Medicine never before published. By Alexander Wilder, M. D. 946 pages. Cloth, $1.50. New England Eclectic Publishing Co., New Sharon, Maine. 1901.

While a considerable portion of Dr. Wilder's History is devoted to the Eclectics, nevertheless all others receive fair treatment, and, taken as a whole, this is the most interesting history of medicine we ever read, and well worthy of a place in the libraries of medical scholars.

What a wonderful thing is medicine viewed historically! Every real advance has been bitterly opposed by the orthodox, the "regulars," by those having medical authority, and the aid of secular power called upon to crush the innovators. After read-

ing a history of medicine one feels that all medical Acts by legislature can well be dispensed with; the truth in medicine has enough to fight against without coming in contact with the police. Unauthorized quackery soon dies a natural death, but legalized error is a very shirt of Nessus.

Curability of Tumours by Medicines. By J. Compton Burnett, M. D. Second Edition Revised.

Dr. Burnett says: "My standpoint is that a tumour is the product of the organism, and to be really cured the power to produce the same must be eliminated, got rid of; cutting it off merely rids the organism of the product, leaving the producing power where it was before, often the operative interference acting like pruning a vine; i. e., the tumour-producing power is increased, and the fatal issue is brought nearer." This is the keynote to his belief. Then add his motto, "Keep pegging away," and you have the gist of this little book. There is much of truth and instruction in its pages and we think that all physicians would be better for having read it. Dr. Burnett acknowledges that it is not possible to carry out his thought in all cases, but it is demonstarted that tumours are curable by internal medication, and what he says goes to create a belief that very many times tumours disappear under the surgeon's knife and sometimes carry the patient along, when they might have been cured by the gentler and safer method of internal treatment. To one who reads the work there comes the impress of Dr. Burnett's thorough, distinct and positive belief in what he says. It is not with him a mere theory, but an actual fact, that tumours have been cured in many, many instances without the aid of the knife. In this word "tumours" he includes not only benign growths, but the malignant ones whose removal is simply the removal of an effect with the cause still operative.—*Homœopathic Reporter.*

Index to Homœopathic Provings. By Thomas Lindsley Bradford, M. D.

Nothing that we could say in the way of commendation would be too good for Dr. Bradford and his modest little—you wouldn't guess the labor it costs—Index to our Provings. It is a veritable labor of love, and should be seen in the library of every homœopath in the land. It will be indispensable, indeed, to any one who

wishes to study our Materia Medica as it should be studied. To our mind, it is only possible to acquire an exact, clear and lasting impression of the sick-making powers of any drug by a personal, painstaking, and patient analysis of the actual records of the provers. It is difficult, and sometimes almost impossible, to gain a knowledge of the sick-making powers of a drug from a study of the grouped and nicely-arranged pathogenetic effects of the drug as they may be found in most of our Materia Medicas. These groupings are the results of somebody else's analysis of the provings, and the one who gains the knowledge is undoubtedly the man who has made the analysis.

The memory of any fact or occurrnce is strengthened by association with other facts and occurrences. Very often the associated facts are lost or not easily apparent in the analysis which one reads in his Materia Medica. In the original provings this association is usually preserved. Heretofore it is not always easy to come upon the provings of the drug one wished to study in this way; but now, thanks to our own indefatigable Bradford, it has become an easy task. The volume has been gotten up in Boericke & Tafel's usual excellent style—so no more need be said.—*Hahnemannian Monthly.*

Practical Homœopathic Therapeutics. Arranged and compiled by W. A. Dewey, M. D.

This is a neatly arranged book of 350 pages, compiled and arranged in a most practical manner. Anything which Dr. Dewey writes is well worth reading. He is not only a scholar of the first rank in our school but his reputation as a materia medica student is unsurpassed. He has carefully excluded all the irrelevant symptomatology in every remedy and only the true clinical indicationsare recorded. There is so much of a confusing nature found in many of our materia medicas that it is fortunate for the student that we have here only that which is germane to the accurate prescription. The subject matter is arranged under the head of different diseases and for that matter it may be more convenient for the busy practitioner. There is possibly some objection to this arrangement, for it is not always convenient to look up a special remedy. On the other hand the outline of symptoms is so useful that no objection can be made to the book. Dr. Dewey is now editor of the *Medical Century* and his opportunity for the study of general medicine in the past makes him one of our best writers.—*H. V. H. in The Clinique.*

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READING what is contained in the Penna. *Transactions*, 1900, about antitoxin leads one to believe that there is considerable about this remedy that is at present unknown to its friends and enemies. Statements can be produced ranging from "It is criminal not to use it" to the direct opposite.

One peculiar feature is the difference found in the various makes; that so-and-so's antitoxin is all that can be desired, while other makes are unsatisfactory.

There are several agents used in preserving the horse-serum, and perhaps a little investigation will show that the antitoxin preserved by carbolic acid is the one that is satisfactory. A little further investigation may demonstrate that a proportionate solution of carbolic acid and distilled water will do the work much more satisfactorily than the same medical agent mixed with animal serum. It would also be much cheaper.

Allen's *Hand Book of Homœopathic Materia Medica* says under *Carbolic acid:*

"The blood is disorganized, and hæmoglobinuria results (black urine)."

"It produces inflammation of the mucous membranes, characterized by hard, shriveled membranous patches of exudation."

"Blood black, thick."

In throat "mucous membrane came off in great patches."

"Fauces red and covered with mucous exudation."

"Swallowing difficult, impossible."

Perhaps when the mists have cleared away it will be seen that *Carbolic acid* alone was the curative element in the antitoxin. Its homœopathic proving certainly points that way.

THE following recent letter from *The Lancet*, London, ought to settle the story that has been floating around for the past thirty years concerning the suffering of the French, and the immunity of the German army, from small-pox during the Franco-German war:

To the Editors of *The Lancet*.

Sirs: Surely a journal with the reputation of *The Lancet* owes some explanation to its readers for reproducing in the annotation on aseptic vaccination the often exposed fable regarding small-pox mortality in the French and German armies. This statement was withdrawn by Dr. W. B. Carpenter, who originally promulgated it in this country. Its falsity was admitted by Lord Herschell's commission. But the marvellous comparison keeps "popping up" again, as the old lady said of Mr. Gladstone. In 1899 Mr. Rider Haggard used it in a little lecture to a conscientious objector, and afterwards withdrew it. The Jenner society obtained through the Foreign Office an official statement from the French authorities on this subject. In this the estimate that 23,400 soldiers had died from small-pox was stated (as a little reflection would lead one to expect) to be "greatly in excess of the reality," so greatly that the 23,400 was brought down "not to exceed 6,000." An estimate worth little at the best has thus suffered an official abatement of nearly 75 per cent. But the story on the authority of your review is still doing service in the newest pro-vaccination literature, and *The Lancet* has unaccountably given the lie one more start in this country.

I am, sirs, yours faithfully,

ALEX. PAUL.

On this letter the editor of *The Lancet* comments as follows:

The figures escaped our attention. We regret to have published them, as their falsity has been established.—*Editor of The Lancet.*

Those editors who have used these figures should reprint the above in the interest of truth and for the advancement of science.

A REMARKABLE CASE OF CHLOROSIS CURED BY PHYSIOLOGICAL TONICUM (HENSEL.)

MT. MORRIS, PA., July 10, 1901.

Messrs. Boericke & Tafel:

Miss W., age, 18 dressmaker, came to me August 14, 1900, with all the symptoms of Chlorosis in an aggravated form; some of which are as follows: Extreme pallor of the face, shortness of breath. Pulse 120. Irritable stomach. Complete loss of appetite. Constipated bowels. Menses lasted one day and without color. A very severe periodical neuralgic headache, almost unbearable, etc.

The case dated back one year. Had taken treatment from various (*Old School*) M. D.'s, but to no effect. I prescribed what I thought to be the indicated remedy for some time, with little, if any, improvement. In my anxiety to relieve the case overlooked *Phys. Tonicum* and gave her Gude's *Pepto-Mangan*, of which she took four bottles, without (strange to say) the slightest improvement whatever. On February 28, 1901, I put her on *Phys. Tonicum*, three doses a day in sweetened water, and at the end of one week improvement was readily perceptible. She continued the *Tonicum* until May 1st, when she left our village, but still took the treatment as before. I just received a letter from her dated July 9, 1901, in which she says: "Do you think it necessary for me to take any more medicine? I am feeling fine. Nervous headache all gone. My complexion, while not rosy, is wonderfully improved. Don't have that *tired feeling* any more. Menses normal, last four days with a natural color. Appetite; well, I am hungry all the time, and nothing hurts my stomach. I sleep extra good when it isn't too hot, etc."

I consider this case remarkable for the following reasons:

1st. The duration and severity of the symptoms.

2d The total resistance to all ordinary and considerable extraordinary treatment.

3d. The prompt and continued improvement and complete recovery with *Physiological Tonicum*

Yours respectfully,

G. M. Bradford, M. D.

Cincinnati, Ohio, July 23, 1901.

Editor Homœopathic Recorder:

The fire of July 16th in Pulte Medical College, of Cincinnati, was due to crossed electric light wires in one of the laboratories. The damage done was covered by insurance, and repairs to building, apparatus, instruments and equipment will be completed in ample time for the opening of Pulte on October 2d.

Thomas M. Stewart, *Secretary.*

"Every drug firm that prepares and sells our remedies sends out its price lists, and, what is still more, sends out agents who have the name of every recent graduate who has opened up a new

office. I will not say that every one of these agents will, for the purpose of making a sale, state that which is untrue, or even that he will exaggerate, but they somehow have a way of insinuating certain things that has its effect upon the younger physicians. I want to repeat again my experience with one of these agents who came to my office and stated to me that Dr. Macomber, of Atlantic, and Dr. Dickinson, of Iowa City, two of the oldest and best known physicians of the State, bought his compound tablets in pound packages. I asked him if by Dr. Dickinson he meant the Dean of the University, and he replied that he did. I stepped to the telephone, called for No. 206, stated the facts to Dr. Dickinson, and asked him what he had to say. He (Dickinson) replied that it was a lie; he never had ordered, much less used, compound tablets. Several of my own students have written me, asking if it were true that I was using the compound tablets of a certain firm, stating that their agent had told them he sold me a pound package, which showed how extensively I used them. When they expressed some doubt as to the statement, he pulled out an order book, where there was, under a certain date, that amount put down to my order. Not being satisfied even at that they wrote me. It is useless to say that I knew nothing whatever of the agent. It is this fact of misrepresentation, which secures heavy sales and the frequent use of these tablets, that makes so serious a drawback to the progress of our Materia Medica."—*Dr. Geo. Royal in Medical Century for July.*

A SIMPLE TEST FOR MILK.

The importance of having proper milk for the children can be appreciated, as one-fifth of the deaths among babies can be traced to the milk supply. Sickness among children in summer is generally traceable to the food.

Normal milk is neutral in reaction, or varies but slightly from neutral. Milk that comes from diseased cows is very frequently alkaline in reaction, or will become so in a short time after it is produced. Milk that has undergone fermentation will very quickly become acid in reaction. These facts can be readily determined by testing with a piece of litmus paper, which can be procured at a very slight cost from any chemist. If it is alkaline in reaction, the red litmus paper will be turned blue; if it is acid in reaction, the blue litmus paper will be turned red; if is normal, neither paper will be changed in color.—*Health.*

PERSONALS.

Soon we will turn a kindly thought to those hot days! When the grippe weather has its inning.

A gentleman explained that he was confined to the house for several months on account of a bad attack of kleptomania.

She asked how the weather men found out what kind of weather we were to have, and he replied, "They don't."

Nothing like a tailor for pressing a suit.

Also a square man is the best all-'round man.

A theatrical star is always satisfied with a full house. Yet a friend of ours says it can be bettered.

FOR SALE. A long-established homœopathic, $2,000 practice will be given to purchaser of $2,000 residence in Central Illinois R. R. town of 5,000; part on time. Successor introduced. A big bargain. Good reasons for selling. Address: Z. Y. Crane, Decatur, Ill.

Many a man loses his grip after the grip.

The definition of "fool" is very difficult; every man, probably has been so termed by some one.

The barber thinks that the man who shaves himself has a fool for a barber. It's so in all professions.

Dr. T. F. Allen's papers in the RECORDER were translated into nearly all the foreign journals.

Dr. F. Mortimer Lawrence has about completed an excellent work on modern practice.

A goat is "nearly," they say, because he is "all-butt."

"It is necessary for the mother to lie on her right side, if there should be a male birth." Goswami.

"A hen can make more trouble between neighbors than any other animal." Village Philosopher.

The neck can turn anyone's head.

No, Mary, schools of fish have no teachers.

Coal tar derwatives, they say, enable a man to die with a mormal temperature.

"I will give consumption one funny soak and we will have no more tuberculosis in New York." So the head of the health board is reported.

Yes, Mary, when a dog's bark is on the sea so is the dog.

The man who stubs his toe or steps on a tack does not believe (for the time being) in the proverb, "Think before you speak."

THE

HOMŒOPATHIC RECORDER.

VOL. XVI. LANCASTER, PA., SEPTEMBER, 1901. NO. 9

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Sixteenth Annual Session.
(Year 1859.)

The sixteenth annual session of the American Institute of Homœopathy was held in Boston, Mass., in Mercantile Hall, on Sumner street, being called to order by the General Secretary, W. E. Payne, M. D., of Bath, Me., on Wednesday, June 1, 1859.

P. P. Wells, M. D., of Brooklyn, N. Y., was elected President; Henry D. Paine, M. D., of Albany, N. Y., General Secretary; I. T. Talbot, M. D., of Boston, Mass., Provisional Secretary, and C. H. Skiff, M. D., of New Haven, Conn., Treasurer.

The Board of Censors was N. H. Warner, M. D., Buffalo, N. Y.; W. H. Watson, M. D., Utica, N. Y.; D. M. Dake, M. D., Pittsburg, Pa.; J. Beakley, M. D., Philadelphia, Pa.; M. Fuller, M. D., Boston, Mass.

On taking the chair Dr. Wells delivered a brief and graceful acknowledgment of the honor conferred upon him and then announced the following committees:

L. B. Wells, M. D., Utica, N. Y.; E. T. Richardson, M. D., Brooklyn, N. Y.; B. F. Bowers, M. D., New York, N. Y.; J. P. Dake, M. D., Pittsburg, Pa., and G. W. Swazey, M. D., Springfield, Mass., on Treasurer's account.

W. Williamson, M. D., Philadelphia, Pa.; D. M. Dake, M. D., Pittsburg, Pa., and B. F. Joslin, M. D., New York, N. Y., on Scientific Subjects.

J. Beakley, M. D., Philadelphia, Pa.; H. D. Paine, M. D.,

Albany, N. Y.; S. Gregg, M. D., Boston, Mass.; J. Mairs, M. D., New York, N.Y., and W. Williamson, M.D., Philadelphia, Pa., as a Memorial Committee to prepare appropriate notices by which to honor the memory of Dr. A. Gerald Hull, and other members who had died during the year.

The unfinished business was next in order. Dr. Isaac Colby's paper on "Cold as a Therapeutic Agent" was read and laid upon the table for subsequent consideration.

Dr. W. E. Payne's proposed amendment to the Constitution and By-Laws was postponed on account of the Doctor's temporary absence.

Samuel S. Guy, M. D., presented the Treasurer's report, which was referred, with its vouchers, to the Auditing Committee.

At this session of the Institute the following fifty-four new members were elected, N. H. Warner, M. D., Chairman of the Board of Censors, having reported their credentials correct and satisfactory:

Henry Beakley, M. D., Brewster's Station, N. Y.; Albert G. Bellows, M. D., Roxbury, Mass.; Charles A. Brooks, M. D., Clinton, Mass.; William E. Bulkley, M. D., Danbury, Conn.; John A. Burpee, M. D., Malden, Mass.; Charles H. Burr, M. D., Portland, Me.; William B. Chamberlain, M. D., Keene, N. H.; William J. Church, M. D., Pittsburg, Pa.; John L. Clark, M. D., Fall River, Mass.; Charles Cullis, M. D., Boston, Mass.; E. P. Cummings, M. D., Exeter, N. H.; B. De Gersdorff, M. D., Salem, Mass.; George Wm. Dennett, M. D., Boston, Mass.; Hosea B. Eaton, M. D., Rockport, Me.; Charles H. Farnsworth, M. D., East Cambridge, Mass.; H. Floto, M. D., Salem, Mass.; Stephen M. Gale, M. D., Newburyport, Mass.; J. Fitz Gibbon Geary, M. D., Philadelphia, Pa.; George A. Hall, M. D., Westfield, N. Y.; W. F. Harding, M. D., Granville, N. Y.; John T. Harris, M. D., Abington, Mass.; Stanislas Herwitz, M. D., Boston, Mass.; C. Judson Hill, M. D., Utica, N. Y.; H. A. Houghton, M. D., Keeseville, N. Y.; M. G. Houghton, M. D., Lyndon, Vt.; Bushrod W. James, M. D., Philadelphia, Pa.; George P. Jefferts, M. D., Kennebunkport, Me.; David A. Johnson, M. D., Chelsea, Mass.; J. E. Linnell, M. D., Worcester, Mass.; G. Felix Mathes, M. D., New Bedford, Mass.; E. E. Morse, M. D., Cambridge, Mass.; Charles Munde, M. D., Florence, Mass.; John S. Nichols, M. D., Woonsocket, R. I.; L. B. Nichols, M. D., Worcester, Mass.; I. C. Neilson, M. D., Charles-

town, Mass.; F. H. Orme, M. D., Savannah, Ga.; R. G. Perkins, M. D., New York, N. Y.; Levi Pierce, M. D., Francistown, N. H.; L. M. Pratt, M. D., Albany, N. Y.; D. S. Richards, M. D., Richmond, Me.; O. S. Sanders, M. D., Boston, Mass.; C. F. Saunders, M. D., Waltham, Mass.; Thomas S. Scales, M. D., Woburn, Mass.; John H. Sherman, M. D., Nantucket, Mass.; Alvin Shattuck, M. D., Buffalo, N. Y.; G. E. E. Sparhawk, M. D., Gaysville, Vt.; C. L. Spencer, M. D., New Bedford, Mass.; W. L. Thompson, M. D., Dover, N. H.; Benjamin Weeks, M. D., South Boston, Mass.; Conrad Wesselhoeft, M. D., Dorchester, Mass.; William P. Wesselhoeft, M. D., Boston, Mass.; Edward A. Wild, M. D., Brookline, Mass.; G. H. Wilson, M. D., West Meriden, Conn.; John Harvey Woodbury, M. D., East Boston, Mass.

Joseph V. Hobson, M. D., Richmond, Va., also made application, which was slightly defective; but after some discussion it was decided that he should be elected if he exhited a diploma or certificate that he was a legal practitioner.

Dr. Payne's proposed amendment was again taken up in the afternoon meeting, but after lengthy argument by Drs. Joslin, Foote, Gregg, Gray, Hempel, McManus and Swazey, it was again laid upon the table.

B. F. Joslin, M. D., from the Central Bureau, presented a majority report, in which the subject of provings, and the great care required in conducting and recording them, was discussed.

Chas. J. Hempel, M. D., gave a minority report dissenting from the other in regard to the use of attenuations in provings. Both were referred to the Publishing Committee for publication in the Proceedings.

The majority report included two resolutions, which after some debate were adopted:

Resolved, That the ninth By-Law be amended by adding thereto the following words: "And it shall be the duty of each member of this Bureau to select a certain medicine for proving, the symptoms of which he will arrange, indicating the number of provers by which each symptom is verified."

Resolved, That any members of the Institute who may have or make provings of any drug are requested to send the same to some member of the Bureau of Materia Medica, who may have the same in charge.

Dr. Hempel moved an additional resolution, which was also adopted:

Resolved, That it be made a part of the instructions to the Central Bureau to preserve the record of the original symptomatic groups in every proving.

B. F. Joslin, M. D., from the Central Bureau presented provings of *Rumex crispus*, which were accepted and ordered printed in the Proceedings.

Drs. W. E. Payne and B. F. Joslin, both of the Central Bureau, reported provings of *Polyganum punctatum*, which were accepted and ordered printed.

D. M. Dake, M. D., made a report on *Combined Potencies*, which was read, accepted and laid on the table for future consideration.

Dr. J. P. Dake's report on *Water as a Therapeutic Agent* was read, accepted and ordered to be published.

G. W. Swazey, M.D., appointed to write on *Medical Dynamics*, asked for further time, which was granted.

I. M. Ward, M. D., on *Mechanical Supports in the Treatment of Disease*, having requested, by letter, to defer his report until next year, was allowed to do so.

Geo. E. Shipman, M. D., on *Parasites in Connection with Disease*, was absent, but as he was reported to be working on the subject he was continued.

E. A. Guilbert, M. D., on *Chest Diseases, their Diagnosis and Treatment*, made no report but the extent and importance of his subject induced the Institute to extend his time until next year.

At eight o'clock in the evening a large assembly listened to the address of S. S. Guy, M. D., in place of F. R. McManus, M. D., whose ill health prevented his performing that duty. Dr. Guy's subject was "A Theory of Disease," and his address was a learned, discursive and peculiarly impressive one.

He first called attention to man in his threefold character, moral, living, organized, in regard to the provisions provided to maintain these characteristics. The subject being theoretical, Dr. Guy did not ask the Institute, or its members, to endorse his views, and requested also that no one would suppose that his ideas were suggested by Spiritualism. He then defined life and death—generic life and spiritual life—and their relations to the world as prepared by the great Architect. Then speaking of man as the culmination of creation he said we would assume that at first man

was a complete moral and spiritual image of his Creator. He fell from this high estate and became subject to pain and affliction. How he fell, and by what means he can be restored, was the true line of this discourse. First, the soul, which seems to be divided into thought and feeling, and holds sway over all other attributes. Dr. Guy then traced the downfall of man as shown in the Scriptures. He followed, step by step, temptation handed down from generation until even holy men, as St. Paul, cried out against the almost insurmountable barrier to purity of living. All would have fallen absolutely, but for an innate faculty which we call conscience. This is man's God-given umpire that makes his control over himself almost absolute, providing he follows its dictates. Thus the power of temptation has its limitation if a man so wills, and the soul is proven to be the dominant part of man. The body is next in importance. The brain and nervous system, as a whole, are the residing place of the soul, the brain alone is the home of the mind, the circulating system contains the blood and in this is generated the animal spirit. All other parts of the body are but subservient to these three principles in man. He spoke of the relation of these three to each other and their control each over the others. He defined life, the great central, controlling medium of the whole man, following the Scriptural definition, which names it blood, the scientific, which names it animal spirit, and this latter he said was described by an eminent writer as a certain pure fluid that enters into the red blood and gives it vital essence. He explained how the spirit, or rather the soul, must be fed by pure ethereal food as the body must be nourished by more solid and tangible fare, while the animal spirit, or vital fluid in the blood was a source of communication between the soul and the corporeal part or body. This intermediary is also fed by intangible food. Is it ether, electricity, magnetism, or what? It is approachable only by such, and all, the pure soul, the clear spirit, the life itself, is under the control of the body. Dr. Guy then described the blood scientifically and showed how without it there could be no physical life. The soul being immortal he suggested that the animal spirit was also imperishable and that it was the substance from which the resurrected body would spring at the last day. He asked then if it might not be possible that there is communication between the living and the disembodied spirits of the departed.

Sin, he said, came from disobedience and disobedience is the

refusal of the spirit to obey the laws of God or man. This disobedience has brought disease into the world. The body suffers, but without the animal spirit it is but clay; therefore it has pain and affliction, but the spirit brought them upon it. He said no one could tell why one medicine was benign and another poisonous. Yet the facts are irrefutable. Then he theorized upon infinitesimal doses of drugs as more consistent, because they could easier enter into the animal life that is the source of health or illness. Taking the theory that disease is truly the result of spiritual action, the physician must then bring such remedies into play as will purify the animal spirit and thus restore the body to health. In the meantime the soul and spirit should be fed with all that is pure and free from deleterious matter. When all is accomplished, when the spirit is so fed with material to cure the body and the soul is likewise refreshed, when both moral and physical science culminate in a perfectly harmonious action toward aiding the soul, the spirit and the body to make man a regenerated human existence, bearing as it did at first the image of his Creator, then will science have accomplished its great work. And who will say it is impossible?

In Dr. Guy's peculiar and apparently Spiritualistic address we find the simple moral of pure living, clear conscience and perfect sanitary surroundings.

After the address the Institute continued its business.

Dr. Hempel moved to re-consider the votes for publishing the various reports, mooting the question of the Institute's endorsement of the views expressed by the different committees. He objected to matter being published in the proceedings which would allow any reflection upon the theories of the general profession, which should only be advanced by individuals. After discussions by Drs. Foote, Reed and Hempel in favor of the motion, and Drs. J. P. Dake, Guy, Denison, Gray and Joslin against it, the meeting adjourned without taking a vote.

On Thursday morning, at nine o'clock, the meeting was called to order by the President.

E. T. Foote, M. D., began business by offering two resolutions, which after considerable argument were adopted.

Resolved, That the introduction or discussion of theological questions in addresses or reports before this Society is foreign to the purposes for which the Institute was organized and ought not to be tolerated.

Resolved, That while the medical opinion of members of this Society is in harmony with the principles avowed in the Constitution, and the discussion of questions strictly medical is desirable, and should be encouraged, yet the theological opinions of its members were known to be diverse at the time of its organization, and this is not the legitimate ground for their avowal or discussion.

T. W. Donovan, M. D., to whom was referred the subject of *Intermittent Fevers*, asked for a continuance of his time, when he would be ready with a complete report upon that subject, and also upon *Diabetes*, which had been assigned to him. His request was granted.

N. H. Warner, M. D., appointed to report on the *Influence of Bi-carbonate of Potassa, Tartrate of Potassa, and Carbonate of Soda in Articles of Diet;* and W. H. Watson, M. D., on *Phthisis Pulmonalis*, were both granted longer time at their request.

Drs. W. Williamson, D. M. Dake, and B. F. Joslin were appointed a committee on the time and place of next meeting, and proposed Cincinnati and Philadelphia to the Institute, when it was decided to hold the meeting in Philadelphia on the first Wednesday in June, 1860.

A communication was received from the Chicago Homœopathic Society, which was read and placed on file with accompanying documents. A report from the Massachusetts Homœopathic Society was also read and ordered to be printed.

Bushrod W. James, M. D., presented a report of the medical and surgical cases treated in the Philadelphia Northern Home for Friendless Children, which was read and ordered printed. In this report the doctor gave a very striking example of the superiority of homœopathic medicine and treatment.

The committee, appointed by the President, for making arrangements for the next meeting, was Drs. J. Beakley, F. Sims, A. H. Ashton, R. Gardiner and W. A. Reed.

The President also appointed F. R. McManus, M. D., of Baltimore, Md., to deliver the address at the next annual meeting, and W. W. Rodman, M. D., of Waterbury, Conn., as his alternate.

The Chairman announced the Central Bureau as standing the same as last year—Drs. B. F. Joslin, W. E. Payne, M. J. Rhees, E. Bayard and C. J. Hempel.

Lyman Clary, M. D., from the committee to investigate the

case of Dr. F. R. Moore, of Pittsburg, Pa., who was expelled for alleged unprofessional conduct, reported that after careful investigation, and after certain palliating circumstances and explanations by Dr. Moore, and his regret that there had been any foundation for the fault found with him, the committee were unanimously in favor of restoring him to membership. The report was agreed to, the doctor re-instated and the Secretary directed to notify him of the action of the Institute.

F. W. Skiles M. D., of Pittsburg, presented an article on *Eclecticism* which was read and filed.

H. D. Paine, M. D., read an account of the *Sore Throat Epidemic* that had prevailed in Albany during the winter and spring, which, at the suggestion of Prof. J. R. Cox, was taken up for consideration.

A discussion arose upon the subject between Drs. Donovan, Gregg, Hempel, Joslin, McManus and others, after which the communication was turned over to the publishing committee to be printed in the Proceedings.

S. M. Cate, M. D., of Augusta, Me., made a communication on *A Form of Inflammation of the Stomach*, which was read and ordered to be printed.

W. E. Payne, M. D., of Bath, Me., read the history of an obstinate and protracted case of *Secondary Syphilis* and its successful treatment, which was directed to be printed.

F. R. Moore, M. D., of St. Louis, Mo., sent a communication on *Mixed Potencies*, which was accepted and ordered to be filed.

J. A. Ward, M. D., presented a memorial from certain physicians in New York, which was read, printed and acted upon.

The paper referred to the establishment of a journal which should be exclusively devoted to the one law of cure, the homœopathic *Similia Similibus Curentur*, and proposed that this journal should be under the patronage of the Institute, and all other true homœopathic societies. The paper was signed by thirty-four prominent physicians.

On motion, the memorial was referred to a committee consisting of Drs. J. R. Coxe, Samuel Gregg and B. F. Joslin.

Mr. Henry M. Smith, editor of the *American Homœopathic Review*, gave a statement of the reason for starting the journal, and a synopsis of its objects, asking for the co-operation of all homœopathic physicians in furnishing important papers for publication in its columns.

The Secretary read a letter from Dr. Piper, of Washington, D. C., stating that he had been asked for copies of the Proceedings of the Institute for the Smithsonian Institution. The Secretary was requested to procure a complete set of the publications of the Institute, and present the same to the Smithsonian Institute.

Geo. W. Swazey, M. D., offered two resolutions, the first of which, after considerable discussion by Drs. Guy, McManus, Richardson, Paine, Reed and Swazey, was altered, and both were then adopted. They were:

Resolved, "That in the case of such papers ordered for publication as are objectionable on account of their length, the Publishing Committee may, with the consent of the authors, abbreviate the same, or suspend the publication thereof until otherwise instructed." And

Resolved, "That the Publishing Committee may prefix to any paper or communication published in the Transactions such heading or remarks as a regard for the character of this Institute as a body of true homœopathists may render expedient or necessary.

J. R. Coxe, M. D., from the Committee on the Memorial from the Physicians in New York, presented a report dated Boston, June 2, 1859, in which it was

Resolved, 1. "That we sympathize with and approve of the views of the memorialists, and order their communication to be printed with our Proceedings."

2. "That we appoint a committee of three who shall publish our papers in accordance with our instructions, and hold their appointment for one year."

3. "That we accept the polite offer of Mr. Smith, editor of the *American Homœopathic Review*, to this extent, that our Publishing Committee be instructed to issue in his periodical such papers as they may deem proper of those ordered on file by the Institute, and all such reports of Scientific Committees as have usually been read at our meetings."

4. "That the Committee on Scientific Subjects be requested to pass their reports into the hands of the Publishing Committee, so that they may be published at least two months before the meeting of the Institute, at which they are to be considered."

5. "That Mr. Smith be requested to place the names of our Publishing Committee on the title page of his *Review*."

(Signed) John Redman Coxe, Jr., M. D.,
B. F. Joslin, M. D.,
Samuel Gregg, M. D.

The report was accepted and resolutions adopted.

The Chair then appointed as the Publishing Committee, provided for in the second resolution, B. F. Joslin, M. D., and E. E. Marcy, M. D., of New York, and J. Beakley, M. D., of Philadelphia.

Letters were received from members, some complaining of the action of the Institute regarding the collection of alleged arrearages. Some said that they had not been notfied of their indebtedness, and others that they did not owe the amount charged to them. After some controversy it was

Resolved, "That the names of those members who refuse to pay their dues be stricken from the roll." And,

Resolved, "That the Secretary be directed to withhold the Proceedings of the Institute from members who neglect to pay their dues, according to the resolution adopted June 5, 1856."

B. F. Joslin, M. D., offered as a standing resolution, which was adopted: "That in all publications of the Institute whenever attenuations, dilutions or potencies are mentioned, the centessimal scale is implied unless a different scale is expressed."

L. B. Wells, M. D., from the Committee on Treasurer's Account, reported account and vouchers all correct.

Dr. McManus requested to be excused from acting upon the Committee to prepare a suitable diploma, and Prof. W. A. Reed was appointed to fill his place.

Dr. Isaac Colby's communication on *Cold as a Therapeutic Agent*, was discussed and passed over to the Publishing Committee, as was Dr. D. M. Dake's report on *Mixed Potencies*.

J. P. Dake, M. D., offered a resolution, "That a committee of one be appointed to solicit, from the different railroads, tickets at reduced fare for members attending the next meeting. The resolution was adopted unanimously, and Dr. Dake appointed as the committee.

Dr. W. Williamson, from the committee to select subjects for consideration at the next meeting, reported the following:

"Medical Education," D. M. Dake, M. D., Pittsburg, Pa.; "Stomatitis Materna," R. Ludlam, M. D., Chicago, Ill.; "Bicarbonate of Potassa, Tartrate of Potassa, and Carbonate of Soda as Articles of Diet," N. H. Warner, M. D., Buffalo, N. Y.; "Diphtheria," H. D. Paine, M. D., Albany, N. Y.; "Intermittent Fever," T. W. Donovan, M. D., Quarantine, N. Y.; "Determination of Medical Truths," W. A. Reed, M. D., Phila-

delphia, Pa.; "Pareira Brava," S. M. Cate, M. D., Augusta, Me.; "Auscultation and Percussion and their Therapeutic Relations," I. T. Talbot, M. D., Boston, Mass.; "Croup," W. E. Payne, M. D., Bath, Me.; "Anæsthesia in Midwifery," S. S. Guy, M. D., Chancellorville, Va.; "Medical Dynamics," G. W. Swazey, M. D., Springfield, Mass.; "Diseases of the Eye," J. A. Tarbell, M D., Boston, Mass.; "Ulceration of the Mucous Membrane," Richard Gardiner, M. D., Philadelphia, Pa.; "Relation of Pathology to Therapeutics," Daniel Holt, M. D., Lowell, Mass.; "Phthisis Pulmonalis," W. H. Watson, M. D., Utica, N. Y.; "Diabetes," T. W. Donovan, M. D., Qarantine, N. Y.; "Mechanical Supports in the Treatment of Diseases," J. M. Ward, M. D., Newark, N. J.; "Parasites in Connection with Disease," G. E. Shipman, M. D., Chicago, Ill.

B. F. Joslin, M. D., of the Central Bureau, reported the following medicines had been selected for provings:

Rumex crispus, B. F. Joslin, M. D.; *Chimaphila umbellata*, M. J. Rhees, M. D.; *Inula campana*, E. Bayard, M. D.; *Glonoine* W. E. Payne, M. D.; *Linaria Canadensis*, C. J. Hempel, M. D.

The members of the Institute generally were requested to take part in the provings and report either to the Chairman or some other member of the Bureau.

Prof. Beakley proposed Mr. J. T. S. Smith, of New York, a Pharmaceutist, as an honorary member, but Dr. McManus opposed because the constitution did not contemplate the admission of honorary members, and he was supported by the President. The proposal was therefore laid upon the table.

Dr. Guy gave notice that at the next meeting he would propose an amendment to the constitution to the effect that homœopathic pharmacists should be admitted as honorary members.

Dr. Donovan offered a resolution, which was adopted, to the effect: "That a collection of well-digested clinical facts being of importance to the interests of Homœopathy, the members of this Institute are requested to furnish the committees appointed to report on medical subjects with an abstract of such cases of importance occurring in their experience as relate to any of those designated subjects, and that the publication of the same is authorized, provided it can be effected without subjecting the Institute to pecuniary responsibility."

On motion of F. R. McManus, M. D., the thanks of the Institute were unanimously voted to the Chairman, P. P. Wells, M. D.,

for the able and impartial manner in which he presided during the session.

Similar votes were given the late Secretaries and Treasurer for their faithful services.

The Secretaries and Treasurer were appointed a Committee of Publication to attend to the printing of the Proceedings of this meeting, after which the Institute adjourned to meet in Philadelphia on the first Wednesday of June, 1860.

At four o'clock on Thursday afternoon a grand dinner was given in honor of the members of the Institute, on invitation of the Massachusetts Homœopathic Medical Society and the Boston Academy of Homœopathic Medicine, in the banquet room of Faneuil Hall.

The hall was beautifully decorated and a band of music gave added pleasure to the guests, who did full justice to the sumptuous repast. The meeting was presided over by Dr. Charles Wild, of Brooklyn. Rev. Dr. Hinckley, of Lowell, asked the Divine blessing on the feast, and an hour or two was spent in enjoying the viands and the brilliant conversation of the many partakers of the banquet.

Speeches were delivered by Dr. Wild as President, and Drs. P. P. Wells, Samuel Gregg and Winslow Lewis; Charles B. Hall, Esq., Hon. Jacob Sleeper, and Hon. Thomas Russell, Hon. Frederick W. Lincoln, Jr., Mayor of Boston, Rev. Thomas Starr King and Professors Chas. J Hempel and Wm A. Reed.

George W. Pettes, Esq., recited a humorous poem, written for the occasion. The entertainment culminated in the evening in a grand levee, with a supper at 11 o'clock. Between the delicious fare, the lovely music and the beautiful surroundings the enjoyment was complete and none who were present could ever forget the pleasant closing of the Sixteenth Session of the American Institute of Homœopathy in Boston, 1859.

THE OLD MAN OF THE SEA.

By T. L. Bradford, M. D.

My Dear Classmate:

Do you remember the story in the Arabian Nights about that clinging person, The Old Man of the Sea? How one Sindbad the Sailor, meeting the Old Man on the bank of a river, was induced by the kindness of his heart to take him up pick-a-back to

carry him across the stream. How, when they reached the other side, Sindbad, silly fool, "stooped that he might get off with the greater ease," but instead of doing so he (the Old Man) clasped his legs nimbly about Sindbad's neck. And Sindbad could not shake him off, and for days he stuck and stuck and stuck. You see he intended to strangle the too confiding sailor. But Sindbad was a shrewd fellow and so he prepared a gourd and in it he placed the juice of grapes. He says: "I drank heartily, which raised my spirits, and I began to sing and dance as I walked along." The old man wanted, and got some, and it made him careless in his hold, and so Sindbad was able to throw him off and crush his head with a stone.

Do you know, my friend, that odd product of modern medical practice, known as the pharmaceutical chemist, seems to bear the same relation to the doctor as the Old Man of the Sea did to Sindbad. Mr. Pharmaceutical Chemist has got on the back of Mr. Doctor and Mr. Doctor can't coax, shake nor frighten him off; he has arrived and I greatly fear that unless he bamboozles Mr. Chemist in some way and makes him loose his hold after a time there will be no more Doctor, only Mr. Pharmaceutical Chemist.

What is a pharmaceutical chemist? Is it possible you have not seen one; dear, dear, where are you that the Chemist has not nosed you out? He's got a nose for a doctor like a bloodhound for a Southern nigger.

Well, a pharmaceutical chemist, my son, is an oleaginous, Oily Gammon sort of a man, a logical result of the medical Science (big S) of the day. He is a modern product; an echo from Coal Oil Johnny and other wonders of the petroleum fields of Pennsylvania. Without Petroleum your modern pharmaceutical chemist would indeed be lost, as all the elaborations of his masterly skill are but combinations, labelled with queer names that he has wrung from the unoffending coal tar. There does not seem to be any reason for making these compounds—except to glorify and enrich the chemist. It is very primitive medicine, as experimental as that of the Island of Coos.

Now this pharmaceutical chemist was thus evolved. One day a discontented druggist sat behind the loop-holed partition dividing the soda water, cigars, patent medicines, face powders, fly paper, and telephone box from the prescription room, devoted to checkers, euchre, cigar smoking, and lounging doctors, and incidentally, to the compounding of *accurately and carefully dispensed*

prescriptions. And the heart of the discontented druggist was sad, for a fellow druggist had got a larger bulk window and a bigger colored water globe in it, and his wife had got bigger diamonds, and children had better clothes. And as he mused in the twilight an inspiration came to him—Eureka! And as all great discoveries are the result of accident, so in this case. The kereosene can was the nearest analyzable thing, else might the world have been forever deprived of the wonderful coal tar products. But he set the machinery of his alembic and the brilliance of his brain at work on a modicum of kerosene. And like an Arabian alchemist after the philosopher's stone, he chemically tortured that coal tar until after various failures he succeeded in producing a substance that he called an active principle, and he named it with a wondrous name, and he concocted for it a formula, and then he wrote down the diseases it *ought* to cure, and said it *would* cure them. And then he got an unsuccessful doctor and equipped him with a fine new gripsack, and in that gripsack were placed sample bottles of the great discovery, samples for the profession, and little pamphlets, and picture calendars, and paper weights with the name of the discovery blown into them in big letters. And he sent his doctor out into the world to call on the doctors who *could* earn a living at their profession, and told him to convince the doctors that he knew more about their business than they did themselves. And the chemist waxed rich, and his borders were increased. Soon another discontented druggist discovered something, and soon another, and another; and there was more torture by fire of the coal tar, and more discoveries. It was not enough that the coal tar had given to the world light and fuel, and aniline dyes for dress stuffs, and candy, and snow balls, and other delicacies for children. From its protean changes new compounds were evolved. And these were bottled in gorgeousness and labelled in gilt and fine print, and soon the land was filled with oleaginous and persistent gentlemen with gripsacks, who walked up and down among the doctors; and in their gripsacks there were samples of the coal tar compounds and much explanatory literature.

And one day a lazy doctor saw a sample on his desk where a knight of the gripsack had left it, and it promised so much, and he did not know what to give the patient anyhow, and so he gave that, and it was an "analgesic" and stupified the patient and took away his pain, and the patient thought and said he was bet-

ter. Then, shortly, the doctor wrote letters to the medical journals and gave testimonials to the parmaceutical men regarding the remarkable cure, and other lazy doctors used the medicine. And the pharmacutical chemist waxed rich and built himself a big house, and bought his wife more diamonds, and his boys and girls went to a fashionable school, and he sent out more peripatetists with gripsacks and samples, and pictures, and blotters, as sops for the vanity of the lazy doctors. And when the lazy doctor had a case that really needed careful discrimination, did he study it up? Not he; it was so much easier to use one of the ubiquitous samples upon his desk—for by this time samples dropped down on the doctor like manna for the children of Israel in the desert. Everyday some facile-tongued pharmaceutical colporteur appeared, and the doctor's desk was littered with—

Samples great and samples small,
Samples short and samples tall,
Samples pink and samples white,
Samples dark and samples light,
Samples green and samples red,
Some in gelatine, some in lead,
Mostly hydrous, but some in pills;
Each one sure to cure all ills.

And so it has come about that the Old Man of the Sea Pharmacist having gotten upon the credulous back of lazy Doctor Sindbad sticks there, and the doctor is so much a slave to the pharmacist that he can hardly write a prescription for the diarrhœa without putting a proprietary medicine in it.

There has never seemed to be any reason for these preparations except to make certain pharmacists rich. The chemist says to the doctor: Now here is this compound; you want it, doctor; it will act on the hypothenuse of the liver, and depress the awful ferment in your uropoietic apparatus; here is one that will tickle the sulci of your cerebellum, and here is another that will dry up your capillaries and open your diaphoristic ducts. And the travelling colporteur, the peddler of medical tracts, sets down his grip, whips out a spirit lamp, and, presto! you've got a pharmaceutical kitchen on one end of your desk before you know it. And the glib-tongued hero of the gripsack rattles off, parrot like, a lot of jargon, which neither he nor his listener can possibly understand.

If you mildly tell him, when you wedge a word in, that you do not use such remedies, he glares at you, and in a shocked voice says: Why Dr. Treacle and Dr. Epsom, and Surgeon Cut Em Up think very highly of this, *and they're hospital doctors, too.* Now just why Drs. Treacle and Epsom should be the supreme censors of physic you mildly wonder; you don't tell the agent-man, though, what you think, for by this time the agent-man has got you in the condition of the little boy the first time he saw an elephant. So you meekly accept a bottle and promise to use it. I have a mausoleum of liquid samples on a swing shelf in my cellar. And the kitchen lady generally takes the malt extracts and the emulsions of cod liver oil under the idea that they will give her an appetite and build up her system.

And the patient of the lazy doctor? Oh! he bears up bravely for a time under the scientific treatment, but usually ends with shattered nerves in a sanitarium, or passes, from heart failure. There is very little said about the patient in the pamphlets and testimonials. Somehow these coal tar medicines are not very good for the nerves in the long run. It would seem that the genii of the coal revenged themselves for being disturbed in their million-yeared lair.

Have you any idea of the immense output in printing of a patent medicine plant? I am told that it is no unusual thing to print an edition of 30,000,000 advertising almanacs; then think of the circulars, the presents to the Lazy Doctors (and to the doctors that are not lazy), the samples, the bottles, the newspaper advertising. Your pharmacists are able to do all this and yet get rich in a few years. Of course the medicine don't cost much; it is the advertising. And the lazy doctor who uses the proprietary article is aiding and assisting in this modern privateering.

The doctor gives the patient a prescription, and in the prescription appears the name of some of the pharmaceutical marvels: Seng, Kola, or Nargal or Alphasol, or some other of the wonderfully or and fearfully named. And the patient sees the name and ruminates: "I've seen that name somewhere." And it is not long until the patient finds and reads the newspaper exposition of the virtues of the article. The next time he is sick he reasons: Why go to Dr. Treacle? He gave me Seng the last time and I can buy it myself and save the doctor's fee. Directions are on the bottle. And the patient buys Seng and the doctor loses his fee and probably his patient. For if that fellow gets so sick he *must* have a

doctor he won't go to Dr. Treacle; he understands Dr. Treacle's methods. He'll hunt up some doctor who can mystify him in better fashion.

In the meantime Mr. Old Man of the Sea, the Pharmaceutical Chemist, is perfectly satisfied that he has switched off the patient from his doctor and established in him a habit of buying the proprietary remedy direct from the druggist. For all the O. M. of S. P. Chemist needs of the doctor is that he permits himself to be used as a catspaw to inoculate in his patients the patent medicine habit. All this smirking and smiling, this blotter and calendar and sample business, is only to get the doctor to introduce the various products of pharmaceutical wisdom to his patients. If you do not believe this take your stand for half a day in any drug store and see the confiding public buy its own antikamnia, and Seng, and phenol, and Bromo-seltzer, and chlorodyne, and Phenalgin, and all the rest of the highfalutin products. The patient is just where the O. M. of S. P. Chemist wishes him to be; in direct commercial relations with the manufacturer. And poor little, confiding Sindbad is staggering along with the aforementioned O. M. of the S. P. C. on his back, and with very little else to do. Is he to be pitied? Not much, I wot me, not much.

Dr. Treacle, and Dr. Physic, and Dr. Lazy Bones do you not see that by this slipshod way you have gotten into you have lost the confidence of your patients and have ceased to be what every successful doctor must be, somewhat of a mystery to the sick who come to him. For if you do not tell your patient to buy some of the diabolical coal tar compounds you write a prescription for some of them The effect is the same. And then you go around wondering why the people turn from you to the Chemist, and from the Chemist to the Christian Science Healer, or the Faith Cure Woman, or the Clairvoyant, or the Hot Water and Diet Cure. It is the logical result of your doubt of yourselves, and of the mastery you have allowed the O. M. of the S. P. C. to obtain over you. You may be very certain that the O. M. of the S. P. C. does not not carry his doubts on the outside of *his* gripsack.

And this is called an era of medical progress *by some physicians*. Bar the results of the discoveries of preventive and hygienic medicine in which, thank God, we have made great advances, where are your discoveries? To deny that the Pharmaceutical Chemist dominates modern medical practice is to write oneself an ignoramus.

And all that is necessary to verify the statement that in prescription writing there is little progress is to study the formulæ to be found on the pages of any reputable medical journal. There is just as much reason for the prescriptions of the present day as there was for those made 100 years ago. In fact, The School is in some measure going backward. Certainly the prescriptions that are flavored with coal tar extracts are no more sensible than those to be found between the covers of old Salmon (date, London 1671). Even thrashed out Creosote is again becoming a fad. And you will find mummy under the list of medicines in a reputable drug catalogue issued yearly in the U. S. There's lots of creosote in good old Egyptian mummy.

It is the same old combination, same old olla podrida, same witch's broth. The same jumbling together of several drugs to do the work that one, if the right one, ought to do. Why is it that when disease enters into a man the notion is that it is necessary to fight it with so-called strong medicines? The most deadly diseases attack silently, lay their deadly grip upon us, themselves unseen. Nature works in infinitesimals. And yet in medication the doctor must take a great club to that strange entity we call disease. And educated by many years of such dosing the patient will say: Doctor, make it strong; I can stand strong medicine.

No, my dear boy, I've nothing against O. M. of the S. P. C. If he can get a chance to ride pick-a-back let him, only I do not care to figure as Sindbad.

There is no doubt that in these proprietary compounds there is somewhat of value. But since we of the homœopathic school have a certain law according to which we find out the action of drugs on the healthy body, let us not use these drug-articles empirically, but first carefully test their action in accordance with our law. Let us not experiment blindly, ruled by the dictum of the pharmaceutical chemist. It is quite time for the doctors of every school to prepare gourds and wine with which to decoy and render harmless these blood-suckers, the chemists. Besides I feel that I am a better judge of what I want and need to prescribe for my patients than is the chemist; and I hold it an insult for him to send me samples of things in which I do not believe and for which I have no use. It's getting to be a confounded nuisance, these samples and circulars, and if I tell Mr. Colporteur that he need not leave me any samples he generally expresses himself in language not used in polite circles. If I want any of Mr. Pharma-

ceutical Chemist's preparations I can buy them. My friend, this is no idle talk, it is a fact that must be faced. The medical profession of the present time can not afford to thus throw the balance of power into the greedy hands of a lot of men whose aim is to make money, not to heal the sick.

Our school, the homœopathic, is using them, you say? Yes, some of them are. The lazy ones are, or such as are amenable to the gentle sophism of the gripsack man. It's a pity, too, when they have so many better tools. Were they not lazy doctors they wouldn't do it, they would not need any coal tar products.

The pity of it! that he who has the sure law, the only real law of cure, that of Similia, should, because he is too lazy to study and apply it, accept the dominance of these gripsack gentry and their promotors. Why for a homœopath to pin his faith to antikamnia, or seng, or apocodeine, or benzonaphthol, or any of the other "thols," or "ides," or "lals," is like a man in this age of electric light going back to the tallow dip of his grandfather.

And these coal tar homœopaths are making a very great mistake in supposing that when a man sends for a homœopathic physician he is satisfied with the complacent Janus who says he practices both ways. The homœopathic laymen who were brought up under the regime of a Hering, or a Raue, or a Kitchen, are not going to put much confidence in the fellow who practices both ways and uses bad Allopathy because he is too ignorant or too idle to use good Homœopathy.

The man who goes to the homœopathic physician wants real Homœopathy, and if you do not give him Homœopathy he may keep you for the time, if you understand the noble art of the confidence man. But when he hears the flutter of the wings of blackness he is pretty sure to send for a homœopath to whom the name of Hahnemann is more than an old wife's tale, and who has time to individualize and prescribe according to an eternal law.

WHAT HOMŒOPATHY HAS DONE.

By S. G. A. Brown, M. D.

Dr. Chapman's "Evolution of a Homœopath" in the July number of the RECORDER recalls to mind vividly what Homœopathy has done for me on several occasions. Not that I am an expert at prescribing—for unfortunately I am far from it—but it is simply the old story, when the remedy is homœopathic to the

disease a cure must of necessity result. It seems almost incredible even to one who professes to be an adherent to the Homœopathic Law, that remedies, infinitesimal in dosage, can and do produce such wonderful and almost instantaneous results. But facts are stubborn things, and none are so blind as they who will not see.

A bright little girl, æt. nine years, was taken suddenly ill one summer evening. The case was diagnosed as acute meningitis. Fever rose rapidly to 105° F.; headache, which rapidly increased in severity; vomiting; constipation; small, weak pulse; delirium. Matters kept growing worse despite all I could do. When I saw her on the evening of the 5th day she was unconscious, fever 104.2° F., pupils dilated and unequal; twitching of facial muscles; difficult respiration, and bathed in cold sweat. While studying the case I thought, "Can there be a suppressed eruption? Is there anything in Hahnemann's old-fogy theory after all? The child is going to die anyhow, so I may as well play my last card." Accordingly I put 15 drops of *Sulphur* 30 dil. in half a glass of water, and gave a teaspoonful every fifteen minutes. After the third dose she began to breathe easier, and when I left her at the end of two hours she was in a peaceful slumber. Next morning on my arrival I found a beautiful eruption all over the face; temperature, 99.4° F.; patient bright and wanting something to eat. She made an extremely rapid recovery. No other remedy was administered afterward.

A stranger walked into my office eight years ago, asking me to prescribe for a suppuration of the lymphatic glands of the neck. The glands were terribly swollen, some had broken down, and at several places were discharging a bland yellow fluid. Being anxious to attend a hurried call, I gave him some powders of *Calc. carb.* 30, and told him to call again next day. That was the last I heard of the case until this summer, when he returned. Astonishment scarcely expressed my emotions when he told me he had not taken all the powders as the neck rapidly healed up, and nothing but two small scars remained as evidence of his former disease.

I had been prescribing faithfully for an obstinate diarrhœa, but without avail. One morning the patient told me that the affection was so anoying, as it always hurried her out of bed in the morning. One dose of *Sulphur* 1000 and plenty of *Sac. lac.* so constipated her that I had to order an enema. Nine years have

gone by and there has been no recurrence of the attack. No doubt there are those who will smile at this, but the lady is still living to verify my statement.

A man had been treated for three months for "lumbar abscess." Every day during that time a poultice was kept good and warm over the seat of the affection. He finally discharged the Old School physician and called me in. It was on a Sunday. The room was filled with sympathizing friends and relatives. I found a weak, consumptive-looking individual, propped up in bed, and scarcely able to breathe. There was considerable bulging over the left kidney. His body was bathed in a cold sweat. Urine was scanty and highly colored. Temperature 101° F. Œdema of feet and ankles. After I had examined him he asked me what was the matter with him and insisted upon knowing. I told him frankly I did not know, but could tell him within twenty-four hours. I wish I had had a kodak at that moment to photograph the ironical (?) smile of my audience. I walked over to the table; found a solution of *Morphia* and a hypodermic syringe. I poured the solution out of the window and closed up the syringe. My patient cried that he could not do without it, as he suffered so much pain, especially toward night. I told him we would try to relieve him (another smile by the audience). I left him some powders of No. 10 pellets saturated with *Lycopodium* 30 dil., telling him to take a powder every two hours, and directing him to save all urine passed until I came next day. Upon my arrival next day I found my patient lying down, flat, sleeping; also found a chamber half full of gravel, pus, urine; diagnosis, pyo-nephrosis. Patient made a rapid recovery and forgot even to thank me; but I thank him, for it was the means of tripling my income in less than six months.

A gentleman who had been the round of several specialists for an effection of the right eye went to a prominent eye-hospital in Philadelphia, remained there six weeks, became discouraged and left, as his eye kept on getting worse. While visiting his parents here he called upon me to relieve him of the intense pain until he could consult another specialist. I could see no trouble except an extremely inflamed conjunctiva with excessive photophobia; but then I was no specialist, remember, and may have been mistaken. Gave him pellets saturated with *Aconite* θ and a wash of *Calendulated Boracic acid.* Result, eye cured in three days.

A lady who had been treated internally, externally and eter-

nally for six weeks by an old school physician for subacute cystitis came to me in desperation from the terrible burning and strangury. Gave her a dose of pellets of *Cantharis* 2x dil. in the office and a prescription of the same to take along. After she had taken the dose in the office she said: "Doctor give me something to relieve me, these sugar pills will never do it; give me something strong." I told her to try them and report next day if no better. I did not hear from her for eight weeks, when she came in and handed me the medicine I had given her, saying she did not need it, as the one dose in the office had cured her. She got relief the first day before she got home.

And so I might continue, but time and space forbid. I have seen *Calc. carb.* 30th put a man to sleep where *Morphia* had failed to relieve in a case of renal calculi. I have seen another patient snatched from the jaws of death, from impending heart failure (after diphtheria), by a few doses of *Ammon. carb.* 2x when *Strychnia* had failed. I have seen a soldier home from Santiago, saturated with *Malaria* and *Quinine*, quit shaking within twenty-four hours after taking *Ipecac* 200, notwithstanding he had six weeks of scientific (?) treatment in the camp hospital, New York, after his arrival home. Your humble servant has been promptly cured of toothache by *Coffea* 30x after *Antikamnia* had failed.

But do not imagine my pathway is strewn with roses, for being of the *genus homo* I still have cravings for the alluring fleshpots of Egypt; but after "all others fail" I consult the "old reliable" *Similia Similibus Curantur*, and success usually crowns my efforts.

Shippensburg, Pa.

HOW HE BECAME A HOMŒOPATH.

A Remarkable Career.

(Adam Miller, M. D., who was one of the oldest Homœopathic physicians in Chicago, died July 29th, in his 92d year. The following sketch of his career was written for the "Old Guard" Society last year by himself.)

At your request I give you a statement showing the reason why I became a homœopathist.

From my youthful days I had a natural desire to help the needy and relieve human suffering; and after I had passed through my school studies and entered the ministry of the Gospel, I found

that there were many cases of sufferering that I would be glad to relieve if I had the power to do so. This was especially the case while laboring as a missionary among the poorer classes in our large cities.

I finally concluded to study medicine that I might be more successful in relieving suffering among the poor.

While stationed in Cincinnati I frequently attended medical lectures, and soon became deeply interested in this study. When I was sent to the city of Baltimore, my residence was near the medical college, and here I took a full course of lectures with a view to graduate and become a regular doctor.

Before I finished my course, however, I was sent to New York City as a missionary, as I had gained some notoriety in this work. Here I attended another full course of medical lectures, and in the spring of 1847 I went through the regular examination by the profession of the medical department of the University of New York, and received my diploma as M. D. Soon after this my own child took sick, and as we had already lost three children from disease in early childhood we became alarmed at the symptoms of a severe croup. A friend told us he could bring to us a doctor that would cure her immediately. We consented to make the trial, and the next morning the child was as well as usual. This so impressed my wife with the superiority of this treatment that she would have no other in her family.

After witnessing the marvelous success for some time, I concluded to try it on some of my patients, and procured a supply of homœopathic medicines and medical books for instruction. I soon found that patients under homœopathic treatment done much better than under the old treatment. One day I was called to see a very poor family with two very sick children. The one, a small boy, had brain fever, and the other one, a small girl, had dysentery. I was told the doctor had been there in the morning and told the parents that there was no hope for their recovery. There was at the same time several benevolent ladies at the house making shrouds for the burial of the children.

I immediately commenced the treatment with homœopathic medicine and cured them both in a very short time.

This produced a profound impression upon the neighbors, as well as upon my own mind, in reference to the superiority of this treatment; and after some further trials and almost unexpected success I removed my supply of allopathic medicine and secured homœopathic medicines, and practiced it exclusively.

On account of an affection of my throat, which prevented me from preaching, I returned to my old home in Cincinnati and commenced the practice of medicine.

I had great success in the treatment of cholera and other severe diseases, and soon gained a large practice.

In the year 1851 I removed to Quincy, Illinois. The cholera had broken out in a fearful form the week before I arrived there. The people and the doctors were alarmed. It was in June, 1851. The word was soon spread through the city that a new doctor had arrived, and that he knew how to treat the cholera.

The first day after my arrival I had three patients, and the second day I had six, and in two weeks I had all I could attend to.

I cured several that the Catholic priest had anointed and prepared for death. He was so vexed about it that he denounced me from his pulpit, and warned his people against employing me as their physician; and said it must be some "*black art*" or work of the Devil that allowed people to get well after he had prepared them for death. Many, however, continued to come.

After I left Quincy I went to Springfield. Here I became acquainted with Governor Yates during the war. He employed me as his family physician. On one occasion his little boy was taken very sick with croup. His symptoms were so alarming that the Governor requested me to stay all night with the child. I consented to do so, and remained with the child all night, watching its symptoms and giving it medicine, and in the morning he was relieved of all bad symptoms. This boy that was so alarmingly sick at the Governor's mansion is now Governor of the State of Illinois.

In the year 1862 I came to the city of Chicago, and in former years I had a very large practice here. I am now in the 91st year of my age and do not pay much attention to the practice of medicine.

Of late years I have paid considerable attention to scientific subjects, and have written a number of articles for newspapers and published several books on these subjects.

I retain my mental faculties and continue my labors in the fields of science and philosophy.

Very respectfully yours,

ADAM MILLER, M. D., PH. D.

Chicago, June 20, 1900.

[The old doctor had an abscess of the prostate last spring, but was cured of that. He did not, however, get strong, and the severe heat ran him down rapidly. He was ready and anxious to go he repeatedly said. DR. T. C. D.]

THE TRANSMISSION OF BOVINE TUBERCULOSIS TO THE HUMAN SUBJECT.

By Dr. Wilber J. Murphy.

Recently the daily papers have contained a number of articles on Dr. Koch's reported statement that bovine tuberculosis was not transmissible to the human subject through the medium of meat containing the germs of the disease entering the system as food.

Had this opinion been ventured by one less prominent it would have been but lightly considered, if at all, but from one so identified with the study of germ life and so long a student of the growth and development of parasitic diseases his recent article regarding tuberculosis is one that cannot be passed without consideration, as it is in direct opposition to the general views regarding the spread of tuberculosis.

Published interviews with prominent and competent medical men in this country concerning Dr. Koch's recent issue show that his views are not in accord with those held here relative to the dangers of consumption by means of food affected with tuberculosis.

The various experiments at our command tend to prove that this disease may be inoculated from man to animals and from animals to man largely through the medium of food. Many trials have shown that it is possible to develop tuberculosis in chickens and other small animals, presumably free from the disease, by feeding them with meat affected with tuberculosis as well as by the direct injection of tuberculous matter.

It is difficult to devise a method of experiment which would satisfactorily prove the transmissibility of bovine tuberculosis to the human subject, and our observations are largely gathered from accidental instances which range within a very narrow sphere of observation.

From the way tuberculosis can be experimentally developed in many animals there can be but little doubt of its general trans-

missibility. In those instances where an apparent immunity exists it is probably due to some accidental cause, as tuberculosis is tuberculosis, whether it is in man, cow, chicken or rat. I can recall a circumstance which appears to substantiate the transmissibility of human tuberculosis to the bovine species, and it matters little whether the virus of tuberculosis enters the system as a part of the food eaten or is deposited on what is eaten in the form of expectoration.

At a home for consumptives, a short distance from New York city, cows, all young, in good condition and presumably free from tuberculosis, were purchased from a dealer for the use of the inmates of the place. They were stabled on the premises, near the house. Whether they had been subjected to the tuberculin test or not I do not know.

They remained at the sanitarium about ten months, during which time they grazed almost entirely upon a piece of pasture frequented by the patrons of the institution. Where these animals were kept there occurred the copious and continued expectoration of tuberculous sputa so characteristic of the advanced consumptive.

When these cows were replaced by a fresh supply they were brought for slaughter to the abattoir over which I had supervision at the time. Plainly the ravages of disease could be seen. Some were yet in fair condition, but the majority were emaciated and revealed the presence of the disease in an advanced stage. When killed each one of the fourteen cows presented well marked lesions of pulmonary tuberculosis and in four, if I remember correctly, the entire system was affected with the disease in a generalized form. Time would probably have brought them all to this state and circumstances seem to point strongly to infection from the human victim of the disease.

As attention becomes directed to these terrible diseases the discussions which arise over opposing views have nothing but a healthy termination and in the end the real causes responsible for the prevalence of such dreadful scourges as consumption are discerned, which is but the first step in their successful and efficient eradication.

Springfield, Mass., July, 1901.

ABIES NIGRA ON THE HEART.

By Dr. T. C. Duncan.

This drug, that produces "the undigested hard-boiled egg sensation" in the stomach, may give us a clew to the effect of severe inhibition on the heart. Dr. J. B. Bell says: "I have taken various potencies, from the tincture up to the 30th, and have invariably confirmed the proving, to wit: Pain in external meatus (of ear), *heavy*, *slow beating* of the heart, *dyspnœa*, and finally *sharp pain* in the heart. This last was very severe from the 30th, so severe that I was obliged to take *Aconite* to antidote it." The strong, slow contraction finally developed the cardialgia. All who have chewed spruce gum will remember the stomach symptoms recorded by Dr. St. Clair Smith, as quoted above. This drug gives us a clew as to how the arterial tension is increased.

The cases of bradycardia when this drug is curative will have the stomach symptoms and dyspnœa. *Abies* is not we see primarily a heart remedy, but should not be overlooked in heart cases when the symptoms correspond.

ATTEMPT TO SET ASIDE HAHNEMANN'S PHARMACOLOGY.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, Aug., 1901.

(Homœopathic journals are requested to copy.)

In his celebrated *Organon** of rational Therapeutics our Master Hahnemann teaches us

"*We secure the powers stored up in our indigenous plants, which we can get in a fresh state* MOST COMPLETELY AND SURELY, *when the juice, which should be immediately expressed, is* AT ONCE *well mixed with an equal quantity of alcohol. By the alcohol added to the juice all fermentation of the juice of the plants is immediately checked and also prevented in the future, and the whole medicinal force of the juice of the plants is thus permanently preserved* COMPLETELY AND UNIMPAIRED."

To guard the right of priority to this discovery, which had been disputed, Hahnemann made a foot note to this direction in the last edition of his *Organon*, as follows:

*Ed. V., § 267; 1st edit. of 1810, § 230.

"Buchholz, in his 'Manual for Chemists and Druggists,' Weimar (1815, Part I, VI.), assures his readers in recounting this mode of preparation: This excellent mode of preparing medicines we owe to the Russian Campaign, as it came from Russia (1812) to Germany. But this discovery and this direction which he adduces IN MY OWN WORDS from § 230 of the first edition of the *Organon* is due to me, and that I FIRST communicated it to the world in this book, two years before the Russian Campaign (the *Organon* was published in 1810) he fails to mention, according to the noble custom of Germans of treating the merits of their countrymen with injustice. He would rather ascribe the origin of this discovery to the wilds of Asia than to acknowledge that this honor belongs to a German. *O tempora, o mores!*"

From this note it will be seen that Hahnemann was not only proud of this discovery, but that he also energetically defended his right of priority to this discovery. And, in fact, the grand effect of his therapeutics are in no small part due to remedies prepared according to this method, among which are the well-known and established remedies, such as *Aconite*, *Belladonna*, *Bryonia*, *Conium*, *Digitalis*, *Hyoscyamus*, *Pulsatilla*, *Rhus tox.*, *Stramonium*, etc. The chief provings as well as the secondary provings were made by Hahnemann and his disciples almost altogether with remedies prepared according to Hahnemann's direction.

In the well-known *Pharmacopœia polyglotta homœopathica*, by Dr. William Schwabe, these original directions of Hahnemann were faithfully accepted and for several decennia homœœopathic remedies have been prepared all over the world in homœopathic establishments that work with exactness, according to the directions laid down in that work.

This same method, closely following the original directions of Hahnemann and the provers who succeeded him, was approved of in the year 1872 by the "*Central Union of Homœopathic Physians of Germany*" and by the "*Union of Homœopathic Physicians of Hungary*," and by numerous other homœopathic authorities and recommended to the various governments for legal sanction and introduction.

Now, since the whole homœopathic treatment of patients depends on the provings obtained by Hahnemann and his disciples with remedies prepared according to Hahnemann's direction, which has been embodied in Schwabe's Pharmacopœia, it necessarily follows that *remedies prepared in a different manner* must

first be proved again, and in using them homœopathic therapy would be without any firm ground to stand upon.

It would be impossible to treat patients with exactness according to Hahnemann's directions, and we could have nothing but new experiments at the sick-bed. It was not without deep meaning that Hahnemann advised his disciples: "*Imitate me, but imitate with exactness.*"

This danger of a treatment without approved foundation, and therefore wavering and uncertain, is not a distant one. For a short time ago a commission in Berlin published a Homœopathic Pharmacopœia which, though it contains nothing new as a whole, and is nothing but a compilation of things printed before, nevertheless contains two innovations which would totally subvert our present mode of preparing homœopathic medicines, and to which we are compelled to call the attention of our readers. This pharmacopœia *altogether ignores the original direction* of the founder of Homœopathy and directs their manufacture in another way. Such an endeavor cannot be characterized in any other way than as an attempt on the very life of homœopathic pharmaceutics and therapy. *We, therefore, consider it a sacred duty to protest publicly and energetically against the arbitrariness manifested in this work and to warn our readers against the use of medicines made in this way as not being homœopathic in the sense of Hahnemann.*

Hahnemann would turn over in his grave if he would find out that some of his successors have so little comprehended his ideas that they could support such a subversion of his pharmacopœia.

How little the Berlin Pharmacopœia is to be depended on may appear when we read in it, that the *Aconite* tincture prepared according to its direction will be of a yellowish-brown color (as, indeed, it will be when prepared according to the direction of Hahnemann), while actually such a product is a GREEN color!

This would make it appear as if this Commission had not taken the trouble to verify the nature of its remedies; in any case the statements of the Pharmacopœia would have to be verified before they could be received as reliable.

The preparation of the potencies shows the same arbitrariness. While Hahnemann, who was also an exact mathematician, laid down as the unit for potentizing: the fresh juice, the drug, the chemical element or preparation, the Berlin Pharmacopœia has simply set aside their principles as to their essentials. With a

peculiar lack of logic they consider at one time the tincture, at another the chemical element as the unit from which to start.

We need not be astonished, therefore, to find that the various potencies have a very different amount of medicinal strength from those prepared according to Hahnemann's original directions. Thus we find that one vial of the third potency prepared according to Scwabe's Pharmacopœia will contain as much medicine in the cases of *China*, *Ignatia*, *Ipecacuanha*, *Nux vomica*, *Spongia*, *Veratrum*, etc., as twenty vials of equal size prepared according to the Berlin Pharmacopœia. Or, in other words: Five grammes of the third decimal potency prepared according to Schwabe's Polyglotta, *i. e.*, according to Hahnemann's direction, will contain as much medicine as 100 grammes prepared according to the Berlin work. In other words: The 4th decimal potency made according to Hahnemann is twice as strong as the potency made according to the Berlin directions.

This presentation will enable anyone to see the uncertainty, confusion and chaos which would ensue if the Berlin Pharmacopœia were received and the medicines in homœopathic pharmacies should be prepared according to its directions.

If one corner-stone or foundation be torn out of the edifice of Homœopathy built up by Hahnemann,—and his mode of preparing medicines must be regarded as such a corner-stone—the whole edifice will be endangered. A great triumph for the enemies of Homœopathy ! Therefore we earnestly warn all our readers:

Principüs obsta !

THREE PYROGENIUM CASES.

Translated for the HOMŒOPATHIC RECORDER from *Allg. Hom. Zeit.*, Aug., 1901.

In reviewing the use of *Pyrogenium* by Baldelli in a case of metritisseptica my colleague, Mr Mossa, states that this remedy is unknown among us. I, myself, became acquainted with it through Baldelli, and my dear colleague may regard it as a sign of gratitude toward him if I here give my slight experience with this remedy.

I was still under the recent impression of two cases of puerperal fever of fatal issue. They were mothers of numerous children and dear friends. I may say that during the whole course of their disease I spent several hours every day in hunting up remedies.

The various remedies given seemed to be well indicated; I gave medium potencies and low potencies without being able to save them from death. At this time, I see the error then made, *Sulphur* or *Tuberculinum* would have saved the two women. They both had a heavy hereditary encumbrance of tuberculosis.

With some hesitation I undertook the treatment of a relative who was afflicted with the same disease; this hesitation was the greater, as my relative lived at a great distance, which excluded frequent visits.

She had borne eight weeks ago and later on she had been seized with fever. She was under the treatment of three physicians. She was extremely emaciatiated, and her temperature varied from 103 to 104° F. The abdomen was distended, sensitive to pressure; there was no appetite, great weakness and mental depression. An encysted peritonitis was considered as established by her practitioners. I found that the tumor extended above the umbilicus, and the lower part of the vagina was pressed forward and downward.

Pyrogenium 6 D. was given. Then *Hepar sulph.* 30 C. and *Mercurius corr.* 30 C., to be taken in alternation, one dose every three days.

The improvement set in at once, the fever diminished, her appetite returned, the thirst decreased, and defecation and micturition were less painful. Later on I gave *Silicea* 30 C. and *China* 6. Nine months later I had an opportunity of examining the patient. She had much increased in weight and felt stronger than before her delivery. The tumor had entirely vanished and the whole affection reduced to a few cords in the posterior part of the vagina and in the uterine region.

At the end of last year my sister-in-law was again confined. Fever set in and my brother was disquieted and sent me the urine of his wife for examination, with some few notes as to her ailment. The discharge was copious and fetid, there were burning pains during micturition, and burning in the abdomen, constipation and great anxiety. The urine was of olive color, and when boiled, on the addition of nitric acid, it turned to gelatine. I prescribed *Tuberculinum* 1000, *Pyrogenium* 6 D., *Arsenicum* 100 C., one dose every two days. I had numbered the powders, and, judging from the report, *Pyrogenium* proved effective also in this case.

In eight days the urine showed a lighter color, its contents of

albumen had diminished, the pains in the abdomen decreased. In three weeks the patient was able to attend again to her domestic duties. The urine was free from albumen. The physician who had treated her before, when he made a casual call, was astonished at her raipid cure But he would not, of course, admit that this was due to my pills. I heard from him that he had made hot injections of diluted *Carbolic acid*. This explained the color and constitution of the urine.

A girl of 20 years, of questionable morality, was taken sick with metritis and perimetritis actua. The symptoms were: vomiting of bilious masses, severe pains during micturition and defecation. The abdomen is very sensitive even to a slight touch. The patient, else so merry, is now sad and anxious, and feels that she is very sick. Before this she had been treated for infiltration of the tips of the lungs and albuminuria with bloatedness of the face. I therefore gave her first a dose of *Tuberculinum* 1200 C., then *Bryonia* 10 D. and *Mercurius corr.* 10 D. in alternation, but without great succes. The fever remained at 102° F. and the pulse at 130; the pains alone had decreased. On the fourth day she received *Pyrogenium* 6 D., when the good effects became rapidly visible in the diminution of the fever, the pulse and the pains. *Mercurius corr.* 10 D. was then omitted, as its administration was every time followed by pains. Instead of it the patient received on the following days *Mercurius corr.* 30 C. The patient has now been able to leave her bed, has a good appetite, and is as extravagantly frolicsome as before. The only symptom remaining is that the uterus continues to be painful when touched.

To the unlooker the curative effects of *Pyrogenium* may not be so striking in these three cases. But in the first case, according to the written report, *an effect appeared even at the first dose of the medicine*, while in the last case I myself was able to see the rapid effect of the remedy so that I shall not hesitate a moment in future to use it in similar cases.

KREOSOTE IN VARIOUS KINDS OF EMESIS.

A Pharmaco-dynamic Investigation.

By Dr. Mossa.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, Aug., 1901.

Dr. Lambreghts published in the *Journal belge d'Homœopathie*, in the number for May–June, 1901, several interesting observations concerning the curative effects of *Kreosote* in the symptomatic vomiting in organic diseases of the stomach. In the beginning of his article he claims that the remedy in this condition acts in a decided homœopathic manner, for when we investigate

its pathogenesis we find that it causes: "Nausea, vomiting, thirst, dryness of the tongue and induration in the cardiac region, with sensitiveness to the touch." All these symptoms point to deep-seated disturbances, as they are wont to occur, *e. g.*, in cancer of the stomach and in ulcers of the same.

In the cases here communicated *Kreosote* did not effect a radical cure of the ailment nevertheless they are of deep interest, as they demonstrate that even in incurable diseases we may with the aid of the suitable homœopathic remedies alleviate the sufferings and prolong life.

Case I. In November, 1889, Dr. Lambreghts was called to a lady, whose disease had been pronounced by the physicians treating her to be incurable.

The patient, a mother of seven children, had never enjoyed sound health, but she inclined to corpulence and made the impression of good health. From her childhood up her stomach had been very sensitive, so that a slight dietary error would be followed by grave disturbances. There was no hereditary predisposition at all. It was only at the time of the climacteric change that her ailments became more pronounced. Digestion became inert and difficult, accompanied with discomfort in the stomach, *sour eructation and constipation* soon followed by *nausea and vomiting* of food and mucus. The remedies prescribed only aggravated her condition. In the fall of 1889 her ailment assumed a threatening character. Several times *she vomited black masses* looking like coffee-grounds, and her emaciation continually increased. The allopathic doctors treating her, as well as a professor from a university, established at the time the presence of *a tumor* in the gastric region, and their diagnosis was: *Cancer of the stomach*, with a hopeless prognosis.

Then, at last, they resolved to consult Homœopathy.

Present condition: The patient is in a state of extreme prostration; the face is emaciated, sallow, the eyes dim; the pulse weak and accelerated, the tongue dry. Œdema around the ankles. She can scarcely stand up for weakness and her answers are in a very low voice. The abdomen is violently distended, tympanitic. On palpation there is felt quite an extensive swelling, which can be felt as something hard, lumpy and sensitive to the touch, situated on the anterior side of the stomach. The patient can bear no manner of food, even Vichy-water and milk in spoonful doses is vomited almost instantly.

The first task to be essayed was, evidently, the checking of the vomiting, which was bringing her to exinanition from hunger. I prescribed *Kreosote* 3 D., two drops in a teaspoonful of water, every two hours.

Next morning I already received a favorable report. The patient had retained several spoonfuls of milk and the medicine. On the fourth day, the remedy being taken continuously, the vomiting had much diminished; the patient took a pint of milk and two cups of veal broth. On the tenth day the vomiting had ceased almost entirely, so that the amount of nourishment could be increased. The stool was secured through clysters of linseed or glycerine. After fourteen days *Kreosot.* was discontinued and other remedies were used, which checked the further development of cancer and restored the function of the stomach. The chief remedies were *Phosphorus*, *Condurango*, *Hydrastis*, *Arsenicum* and *Nux vom.* Besides these remedies the patient had her vial of *Kreosot.*, a few doses of which always sufficed to check the vomiting, which kept recurring from time to time.

With this treatment the condition of the patient kept continually improving. The digestion was better, the stool became more regular, the appetite and strength increased. Thus the woman continued for nine years without any essential change in the size or consistency of the tumor in the stomach. But after this time more frequent and serious attacks of vomiting appeared, often in consequence of an error in diet; but these were always relieved by a few doses of *Kreosotum.* With the exception of these attacks her condition, greatly to the astonishment of all her acquaintances, was pretty satisfactory. Digestion, indeed, was always precarious, accompanied with discomfort, heartburn and flatulence; the complexion remained yellow; the slightest exertion exhausted her and caused dyspnœa. Nevertheless her nutrition was, on the whole, regular and properly assimilated, so that the woman weighed in 1892 not less than 85 kilogrammes, about 38 kilogrammes more than in 1889. While spending the summer in the country her condition would improve so much that for months she could do without medicines.

In the year 1898, owing to a copious dinner, she was suddenly seized with violent indigestion. Black vomiting set in with frequent recurrence, and neither *Kreosot.*, *Hamamelis* or any other remedy was able to check it. Even *Carbo veg.* could not remove her cyanosis. Her weakness and prostration rapidly increased

and the patient succumbed. The action of *Kreosotum* in her case had, nevertheless, been most remarkable.

Case II. A case, somewhat similar to the one already cited, was observed by the same author in the Board of Charity, of which he is the medical director. The patient in question was a laborer in the port, fifty years of age, unmarried, addicted to drink; he appeared in the office in January, 1896. His unsteady gait, bloated appearance, and yellowish, enervated face, together with his trembling hands, showed a depressed constitution. His gastric troubles, which had continued for several years, showed the following peculiarities: *Regurgitation of water in the morning, lack of appetite, violent pains in the stomach, thirst and constipation.* These symptoms increased and about two weeks before he presented himself in the dispensatory there suddenly set in a pretty violent vomiting of blood. Ever since then he has been vomiting the food, mixed with mucus and water, *a few hours after his meals.* When asked why he had not sooner attended to his ailment, he answered that he had always been able to check his sufferings at once by a glass of gin. But to-day this had not relieved him, and so he had come to the doctor.

An examination showed a plainly circumscribed *swelling* in the region of the *pylorus.* The writer called the patient's attention to the fact that his ailment was a very serious one, and that he could only make a very limited use of alcoholic liquors. Complete abstention from alcohol, even if it had been practicable, might easily, as has often been observed, have increased the gastric disturbances.

I prescribed *Kreosotum* 3 D. and appropriate dieting. After four days the patient reported improvement, the vomiting having gradually diminished. Now *Kreosotum* was given in alternation with *Nux vom.* The patient did not come back for three months, when he reported that he had been in tolerable health. The vomiting had appeared but rarely, and the pains in his stomach he had quieted according to his custom by a few glasses of gin. But lately his vomiting had set in again and very violently. Again *Kreosotum* 3 D. brought relief after several days. During the next four years the patient appeared from time to time at the dispensatory, about every two to three months when the vomiting became too severe; and *Kreosotum* gave striking relief in short order every time. But one day during the end of January, 1900, Dr. Lambreghts received an urgent call to visit the patient

in his house. The patient had been suddenly seized with severe vomiting of blood, recurring repeatedly. Since he had no care at home he was taken to the hospital, where he died a few weeks later. This case is especially interesting, as it shows that the *Kreosotum* was able to act in spite of the injurious effects of the alcohol.

We add a few more cases from other observers so as to present still more clearly the action of *Kreosotum*. Dr. Wohle cites from Badington the following cases:

Case III. A young woman had been suffering for two years, in consequence of a severe labor, from dysmenorrhœa, also several times from metrorrhagia. The symptoms were as follows:

Daily vomiting; two or three hours after meals the food was vomited undigested. This was attended with dimness of vision, aggravated even to blindness. There was headache and a sensation of burning and constriction in the chest; the face pale and bloated; the pulse small and weak; sensation of weariness and yet sleeplessness. *Kreosote* was given, six drops in mucilaginous water, a tablespoonful at a time. After the second spoonful the patient improved, and was soon well again.

Case IV. A child had been vomiting all its food undigested, soon after eating it. *Kreosote*, a drop in 45 grammes of water, a teaspoonful three times a day, soon cured it.

Case V. A woman had for years daily vomited her food. The vomiting would begin four hours after a meal. The matter vomited was in rare cases of a brownish color. The case had been diagnosed as ulceration of the stomach. The long time elapsing before vomiting set in, as well as the copiousness of the matter egested, seemed to show that there was ectasis of the stomach. This seemed the more likely, as the patient was suffering from a sinking down of the kidney, which is frequently found as a concomitant of enlargement of the stomach, both these ailments having their origin in a connate or acquired relaxation of the tissues involved.

Therapy: dry diet; up to this time the patient had consumed considerable quantities of liquids. *Kreosotum* 4 D., three times a day, two drops. At night a compress (a la Priesnitz) on the stomach. Her husband wrote in four weeks that a few days after starting the treatment the vomiting had entirely vanished. Thus an ailment that had continued four years had been healed in about

as many days. (Dr. Bourzutschky—Fleusburg in *Zeitschrift des Verein Berliner hom. Aerzte.*) . . . . . .

Prof. Henoch reports the following cases:

Case VI. A young man, 16 years old, presented himself on October 25th, 1860. He had been in good health but three days ago; after a very fatiguing foot-tour, during which also dietetic excesses had taken place, he was seized with headache and with chills succeeded by fever; and these symptoms have continued since. At the same time there set in anorexia, and a *pressive* pain below the xiphoid process, with vomiting; the vomiting appearing at a period varying from a few minutes to half an hour after every ingestion of food or of liquids. According to the statement of the mother the ingesta were vomited up mingled with much mucus; the stool was somewhat *constipated.* The pulse 156, with moderate tension; the temperature higher, especially in the evening and night, at which time the headache also was most violent. The sleep was interrupted by a slight delirium. The respiration was 34. The *expiration was expelled rapidly and noisily.* An examination showed the thorax to be normal. Pressure on the distended epigastrium was painful; the urine showed no abnormal constituents. After the use of a *Solutio gummosa* with *Aqua amygdalarum* and a strict diet the feverish symptoms disappeared by November 14th; only the *vomiting* continued unchanged, and appeared all the more troublesome as the appetite had fully returned. Great prostration; the respiration continues accelerated (about 32), with clearly visible inspirational contraction of the flexores capitis and of the scaleni. The expiration was less noisy. The remedies given (*Belladonna* and *Solutio fowleri*) remained without any effect. On the 22d of December the condition still remained unchanged. Everything the boy ingested was vomited up in a short time (at most an hour), the ejected matter having an intensely *acid* taste and a *foamy* appearance. At the same time there was good appetite, a normal stool and great weakness; the pulse was 96 without any rise in temperature; complexion pale.

Now Prof. Henoch prescribed ten drops of *Kreosotum, Aqua distil.* 60.0, *Syr. simpl.* 30.0, the dose being a teaspoonful four times a day.

On the next day there was at once a diminution of the vomiting, and with January 2, 1861, it ceased completely and altogether. The boy could digest even heavy food easily. The *Kreosot.* was continued to the 22d, and then owing to the plainly

developed anæmia *Tinct. ferri chlor.* was substituted. Under the continued use of this remedy the general state of the patient rapidly improved, the unusual frequency and violence of the respiratory motions diminished, and in July the boy, having fully recovered, was able to resume his work that had been interrupted for several months.

Case VII. A boy of eleven years, hitherto perfectly healthy, had been suffering for three weeks from *vomiting;* all food and all liquids, even pure water, being ejected without any particular nausea within fifteen minutes. Appetite and stool were normal; the tongue was coated in stripes; the gastric region was moderately distended, but without pain; perceptible emaciation.

Eight drops of *Kreosote* in 90.0 *Aqua d.* and 30.0 *Syrup simpl.* four times a day, a teaspoonful. After the fourth teaspoonful the vomiting ceased totally and the boy could eat any kind of food as the author witnessed repeatedly.

Prof. Henoch contributes the last two cases in his *Beitrege zur Kinderheilkundep* 314, etc., and makes the following remarks upon them:

"In both these cases no microscopic analysis of the egesta was made, and the existence of the fungi of fermentation was not, therefore, actually demonstrated, still the *rapid* and *decided* action of *Kreosote* makes it very probable that the ailment was a *vomitus dyspepticus*, due to abnormal processes of fermentation. This supposition is rendered more likely from the *sour* and *foamy* nature of the egesta in the former case. A dietetic excess, combined with excessive muscular exertion in this case, caused the symptoms of a feverish gastric catarrh, and when this was removed the fermentative dyspepsia remained. In the second case a similar process of development, though probable, could not be demonstrated directly. I could form no definite judgment concerning the respiratory anomaly in the first case. The integrity of the thoracic organs shown by the investigation and the consequent favorable issue might lead us to ascribe the greater frequency and intensity of the respiratory motions to a reflex action proceeding from the irritation of the stomach. Still this explanation is rendered doubtful by the fact that even after the cure of the vomiting the respiratory symptoms continued for quite a while and were only removed when the morbid state of the blood had been cured and the strength had returned.

Kreosote has also been used, owing to the example of Christisen, in chronic vomiting due to kidney troubles and in the vomiting of pregnant women, and its action has often proved valuable. . . .

MORE TUBERCULIN CASES.

By Dr. Mau, Kiel.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, July, 1901.

1. I will add another case on which young and old allopaths had tried their efforts in vain. A butcher's wife, aged fifty-eight years, had been suffering for years from *rheumatism*, first attended with *stiffness* and redness of the arms, hands, legs and feet, followed by *contractions* in the fingers, toes and knees, so that she could not move her hands and could walk only with great difficulty. *Tuberculinum* removed all these ailments in three months, and she is now in good health. In this case it is manifest that *Tuberculinum* dissolved the calcareous deposits in and around the joints.

2. I will now mention a case of idiocy and cretinism, the cure of which made a great sensation here.

A girl of ten years had been in good health until she was vaccinated, which was done when she was one and a half years old. But ever since she was vaccinated she seemed to be bereft of reason and her state continually became worse. The greatest medical celebrities in London, Paris and Vienna were consulted, but without the least effect. Then the parents heard that I had partially restored an idiot, sixteen years of age, and they brought her to me. I found on examination the following condition: The patient was of slight make, two feet and five inches high, the teeth still totally hid in the gums; she could scarcely stand, and was unable to walk and to talk; her forehead was low, while the occiput was high; on the skull there were a number of protuberances, some small, some larger, a part soft, while others were indurated; the nose, eyelids and lips were strikingly large and thick—a perfectly developed type of an idiot and a cretin. A careful examination, especially of the misshapen head and its protuberances, showed nests of tubercles. She stared about in entire apathy, without any facial expression. What could I do? I had to give an antidote to these colonies of tubercles and I decided on *Tuberculinum* as the only remedy which offered any hope. She received the medicine on the 10th of August. My second visit was made in October. There was a decided improvement; she was beginning to talk and to walk, the teeth were showing outside of the gums, the shape of the head was becoming somewhat more normal; her

general condition was altogether changed. The same medicine was continued.

Every month brought an improvement. It is now a year since she came under my treatment, but what a change had *Tuberculinum* 200 effected. The patient talks and walks, and even runs about, she has grown three and a half inches, her reason is normal, she enjoys life and is healthy. Can there be any doubt that the cause of her idiocy and cretinism lay in the tubercles, either introduced by vaccination or inherited from her parents?

3. *Acute consumption* cured by *Tuberculinum.*

A young gentleman of twenty-four years had been directed by his physician to travel South, owing to acute consumption, but at the advice of a friend he first called on me. His state was, indeed, most serious, and if I had not known the virtues of *Tuberculinum* I also would have recommended him to start South at once. But, under the circumstances, I advised him to stay, though I could not be certain that I could cure him. His throat was full of tubercles; he had fever for months; had coughed up masses of pus and blood during the weeks preceding. His sleep was very much broken, and for a week he had hardly slept at all. He expectorated much phlegm, especially in the morning, but there was not always an admixture of blood. The liver and the spleen were considerably swollen; the respiration was accelerated. The whole condition was aggravated in the morning and in the evening; in the morning there is so much lassitude that he can hardly get up. His parents and brothers are still living, but one sister had died from an affection of the hip-joint, and a second from pulmonary consumption. Since the case was so virulent and acute I gave *Tuberculin.* 1000, a powder every five days, the first being given on October 2, 1891.

By the middle of November his sleep had much improved; his throat was almost entirely clear of tubercles, there was no more expectoration of blood, but still a good deal of pus expectorated; there was still some fever, but only in the evenings. The cough has disappeared; the appetite had improved. At Christmas time he could be dismissed as cured.

On March 2d he came back; he had been quite well during the intervening time, but during the last days he had had again some expectoration streaked with blood. I did not recognize him at once when he entered, he was so much changed. "I have gained ten pounds in weight, and everybody wants to know who treated me," were his words.

I continued *Tuberculinum* for another month, and later on casually met the gentleman who had first advised him to consult me, and inquired after his health. "Oh," said he, "I never supposed that he could be cured, but now he looks well and blooming. I have mentioned it to many of my acquaintances, but they will not believe me, because they have no faith in Homœopathy; I cannot comprehend them."

If this patient had gone South, as other doctors had advised him, he would—I am convinced—have succumbed to the malady. "Going South" is by no means synonymous with "getting well." There are not a few persons who obediently follow their doctor's advice and go South, but do they return? Alas! most of them go on that long journey whence there is no return.

On October, 1893, I heard from the gentleman mentioned above that my former patient is enjoying the best of health.

The rapid cure in this case was owing to the fact that it was a new uncomplicated case and the morbid process had not yet penetrated deeply into the lungs; even the larynx had not yet been touched.

4. All cases of which I have become cognizant, where Koch's subcutaneous injections have been applied, have died. I have only treated one case where a person had received a number of such subcutaneous injections in Berlin, and the case proved instructive. In this case the *pulmonary consumption on the right side* had been apparently cured, *i. e.*, the right lung when carefully examined appeared to be quite normal, while the left lung was congested. The patient had suffered from consumption and the doctors had sent him to Florida, which at first agreed with him very well. But, unfortunately, he was there seized with chills and fever, which brought him down very much, and he returned in a sad condition to England, a confirmed consumptive. He then traveled to Berlin, to try Koch's cure. After this had shown no results, he came under my treatment. I found the spleen severely tumefied; the patient whose left lung was congested and whose spleen was swollen was, therefore, chiefly affected on the *left* side. I am, therefore, of opinion that Koch's treatment would have been successful in this case if the morbid state resulting from chills and fever and the swelling of the spleen had *first* been removed. I, therefore, set out to cure these morbid states, and for a few weeks my patient felt much easier. Then I gave *Tuberculinum*, but without effect, as consumption in all its virulence had

suddenly developed. I here again discovered that *Tuberculinum* will not cure acute consumption when it has developed to its full strength. Had the patient been treated with *Tuberculinum* in homœopathic potency before his journey to Florida, he would probably have been cured.

BOOK NOTICES.

Hay Fever, and Catarrh of Head and Nose, with their Preventive and Curative Treatment. By E. B. Fanning, M. D. 170 pages. Cloth, 75 cents. Philadelphia: Boericke & Tafel. 1901.

The author of this book was a victim of hay fever for many years, and in the book he gives his experience with the disease, both as physician and sufferer, and tells how he finally conquered it in himself and others. The book has the merit of originality, something a little rarer in medical books than is commonly supposed. Whether others can relieve this troublesome ailment as Dr. Fanning does remains to be seen; they can at least have the benefit of his experience.

Cancer. By H. F. Bigger, Cleveland. (Reprint from Medical Century, July, 1901.)

This little 36 page reprint is worthy of careful reading by the medical profession. Cancer, as most of our readers know, is increasing, steadily increasing, each year. In 1840 the deaths from this cause per million, in England and Wales, was 177, while in 1896 it was 764 per million inhabitants. The cause? That is an unsolved problem. In touching on the many theories as to the case Dr. Bigger says of one of them:

"The influence of vaccination upon the question of increase of cancer is debatable. It may be coincident, but since it has by law been made compulsory in England and Germany, the ratio of increase in these countries has been very much greater."

This, in connection with the investigations of Dr. H. R. Gaylord, who has found that the cause of cancer is an animal parasite strikingly resembling the vaccine poison, ought to make those editors, whose only reply to the opponents of vaccination is "crank," "fool," etc., etc., to really study the question. If, as

may easily happen, the cause of the increase of this disease is found to be in the vaccine virus, then their position will not be an enviable one. In a "post-script" Dr. Bigger refers to Dr. Burnett's book on *Tumours* as one that "should be read by every physician."

Messrs. Boericke & Tafel have in press a new work on practice—*Practical Medicine*—by J. Mortimer Lawrence, M. D., of the Hahnemann College and Hospital, of Philadelphia. The book will be thoroughly modern and will be about 500 pages or less in size. As to its aims it can be said, the endeavor has been to approach the practice of medicine from a clinical standpoint—to set forth clearly and simply those methods of examination which are essential to diagnosis, to co-relate symptoms to pathological processes, and to include under the treatment those general measures, as well as medicines, whose value is not merely theoretical, but has been proven by repeated bed-side experiences. The book doubtless will be very popular with students and practitioners, embodying as it does the latest methods in modern medicines.

In the review of Dr. Wilder's *History of Medicine*, in August Recorder, the price should have been $2.75 instead of $1.50.

A Dictionary of Domestic Medicine. Giving a Description of Diseases, Directions for their General Management and Homeopathic Treatment, with a special section on Diseases of Infants. By John H. Clarke, M. D., London. American edition revised and enlarged by the author.

This is one of the best works on domestic practice that has appeared in the homeopathic school since the work of Hering in the early days of Homeopathy. The description of disease is very clear and concise, and the therapeutic indications good as far as they go. The special articles on bathing, clothing, diet, etc., are found in alphabetical order, convenient for reference, and while topical applications are recommended, they are generally as harmless as possible. We heartily commend the work where a domestic book is needed, and when a family is 100 miles from a homeopathic physician this will help an intelligent layman to do better work than any physician of the dominant (irregular) school.

Homœopathic Recorder.

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E. P. ANSHUTZ, P. O. Box 921, Philadelphia, Pa.

EDITORIAL BREVITIES.

"We are constantly being deceived in practice by therapeutical drugs produced by synthesis that are by no means as reliable as the corresponding drug obtained in the natural way."—*Tooker.*

Four fatal cases of tetanus and many cases of injuries from vaccination caused Dr. Frederick, Health Officer of Cleveland, Ohio, to order all vaccination stopped. It is supposed that the vaccine virus was impure, and most likely this is true.

Some idea of the virulence of the bubonic plague may be had from the fact that up to June 24th 1,406 cases had been reported and 1,334 deaths. It is probable however, that owing to the aversion of the Asiatics to European medical treatment that many cases not fatal were not reported.

Dr. O. Stansbury (*Am. Medicine*) finds Hydrogen dioxid excellent for the removal of powder stains. A man came to him with his face badly burned by the premature explosion of a rifle shell; the doctor picked out the powder and then applied the Hydrogen dioxid, and when healed there was not the slightest trace of the powder marks remaining.

A German doctor placed twenty-one artificially-fed infants, suffering from gastric troubles, in the care of wet-nurses and they all promptly recovered. A healthy wet-nurse will probably cure more ills of infants than any other prescription.

Dr. C. M. Menville (*Therap. Gazette*) says that "the quinine intoxication is responsible for hematuria in malarial fevers." "I

have treated some two hundred cases and have never seen a case but that had taken, in some form, a dose of quinine while the system was suffering from a chronic malarial toxemia."

The editor of the *Calcutta Journal of Medicine* says there is considerable difficulty in diagnosing the plague "During an epidemic of pleague there is a tendency of the part of both professional and laymen to see the spectre of pleague in every case of disease."

Dr. DeWitt G. Wilcox, 597 Elmwood avenue, Buffalo, N. Y., Secretary of the New York State Homœopathic Medical Society, announces that the semi-annual meeting of that society will be held at Buffalo, beginning at 10 A. M. on September 24th. Headquarters will be at Statler's Hotel, adjoining the Exposition grounds. The management of the Hotel Statler has reserved a block of rooms for the exclusive use of the society. Rates, $2.00 to $4.00 per day. Sessions will be held in the morning, leaving rest of day for sight-seeing.

Dr. J. S. Mitchell's treatment of cancer by *Arsenicum* 3x, trituration, internally and the 2x of the same drug dusted on externally still continues to give satisfactory results, Dr. Van Duersen (*N. E. Med. Gaz.*) reporting three cases of epithelioma of the face making good recovery under it.

In chronic sneezers *Wyethia* is sometimes the remedy.

Dr. Hurndall, author of *Veterinary Homœopathy Applied to the Horse*, reports the cure of a tumor on scrotum of a dog with *Calcarea* 30th, and another, about the mesentery, with *Arsenicum* 3d to 12th (*Monthly Hom. Rev.*).

The British Homœopathic Society has elected Dr. G. H. Buford President and Drs. J. R. Day and H. Nankivell Vice-Presidents of that body.

Dr. Usshur reports a cure (*Hom. World*) of paralysis of the lower limbs from walking through ice cold water, with *Nux vomica;* also a case of "after passing water there is a terrible scalding and throbbing sensation ; *Cantharides* removed the scalding, and *Kali carb.* 30th the throbbing.

Hahnemann—to go no further back—started the chronic disease theory of certain diseases originating from an inherited, constitutional taint. He confined the "miasms" to three, psora,

syphilitic and gonorrhœic. To this Burnett has added the tuberculous miasm Necessarily on the line of this theory the miasm creates the germ, and men who use *Bacillinum* or *Tuberculinum*, etc., read (or claim to) beyond the present symptoms, or the pathological state, and prescribe for the heredity of the patient. Whether they are right, or even partly right, is an open question. Certainly Burnett, whose honesty no one has ever questioned, reports cures bordering on the marvellous, and his books are interesting reading to say the very least of them. If one *could* nip the incipient tuberculosis in the bud it would be a great triumph.

Dear! Dear! What a man is that iconoclast, Bradford! His old "classmate" showed us his last letter; it is gingery, Carrie Nation like, sort o' smashing, you know. Of course, no one will dispute what Bradford says, but has he stopped to think what would be the fate of the average medical journal were things to be as he would have them? Many would turn up their little toes to the daisies were such things to come to pass, while the mighty ones would shrink until their well kept garments would flutter around their lean and hungry forms. Then, too, think of the fate of the editors, hurled from wealth and affluence down to the depths! Dreadful! It should not be.

Klebs is of the opinion that inhalation tuberculosis is very rare. In between 4,000 and 5,000 autopsis he was able to discover but one instance, which occurred in a yonng girl, who had nursed a tuberculosis patient. And at this the *Charlotte Med. Jour.* inquires, "How did he know?" Not a bad query, that.

"Education," says an estimable exchange, "is the greatest foe of superstition and ignorance, and this applies as fully to the treatment of Christian Science as to the overthrow of the power of the quack." No one will dispute that until he takes a second shy at it and remembers that education is rather more prevalent among the "Christian Science" ladies than among others. "Superstition" is a word very difficult to agree upon; it depends on your standards. "All is vanity," said he of old.

We find this in *Journal of Medicine and Science:* "Dr. Rey reports 32 cases of night terrors in children in all of which adenoids were present in the naso-pharyngeal vault, and when these were removed, the nightmare ceased. He, therefore, concluded that adenoids is a common underlying cause of this trouble."

The Third Annual Meeting of "The Old Guard" was held in the Palmer House (Parlor O), June 4, 1901, at 3:30 P. M., with W. W. Estabrooke in the chair.

The membership includes homœopathic physicians who have been graduates in medicine for 30 years, residing in Chicago and vicinity. The oldest member present shall preside.

The 40th anniversary of any member shall be observed.—By-Laws.

Three Chicago physicians reached their 40th medical anniversary this year: Drs. H. C. Allen, E. M. P. Ludlam, and C. A. Williams and their anniversaries were observed.

Last year they celebrated the Medical Jubilee of J. E. Gross, M. D., E. W. Wood, M. D., and "How I Became a Homœopath," was answered by Drs. Adam Miller (æt. 91, '47), W. W. Eastabrooke ('47), E. Lathrop ('47), J. E. Gross ('50), E. W. Wood, ('50), L. S. Ingman ('58). These reminiscences were enlivened by some amusing incidents. There are twenty physicians enrolled who graduated over forty years ago! It is interesting to learn how they came to adopt similia as their guide in practice.

The experiences of members were given with many drugs.

The following resolutions were adopted:

Whereas, We yearly appreciate the grand and benign influence of Homœopathy and firmly believe that its general acceptance would result for a better knowledge of its principles by the present generation of physicians and people; therefore, be it

Resolved, That more active effort should be made by our various organizations to advance the cause. We especially recommend that the monuments to Hahnemann, histories and significances, should be published in popular form (by the American Institute of Homœopathy, or some other body or firm) for general distribution.

Resolved, That the veterans in our ranks should contribute their experience with our remedies in the practice of medicine according to similia, and that a committee be appointed to take this matter in charge.

(Drs. Duncan, Woodward and Evans were appointed by the chair.)

Resolved, That each member of the Old Guard be requested to tell "How I Became a Homœopath," and to send it to the Secretary for publication.

The membership includes many old physicians outside of Chicago who are enthusiastic homœopaths. The dues were made fifty cents a year. One object of this organization is to pay proper respect to the deceased physicians by being represented at the funeral.

The officers elected were: President, (The oldest member present); Vice President, W. W. Eastabrook; Treasurer, J. E. Gross; Secretary, T. C. Duncan.

The annual meeting is held the first Tuesday in June.

D.

PERSONALS.

With the close of the tenth volume the *Journal of Orificial Surgery* ceased to exist. Dr. Pratt will continue his literary work in book form.

Pottering about gardens is said to be conducive to living to a green old age.

When will the germ theory cease to be a theory and become fact or fancy?

Mumm's the word when on a "quiet time."

No, Mary, when a man "beats the band" it does not *necessarily* mean that he is a musical defaulter.

A St. Louis man was given 25,000 units of antitoxin in twenty-three days.

Don't be too fresh in saying "give the devil his due."

The big medical jurnals of to-day are largely reprints of each other.

Who is Johnson?

Never question the circulation of the Daily Buzz Saw.

Dr. Lawrence's new work on practice will probably be the most popular one among students ever published. Out in October.

No, Mary, tar cordial does not give pitch to the voice.

Life is not a failure; its the duffer who says so.

Geo. Ade says: "One cannot Rest except after steady practice."

Filling in, or drainage, beats petroleum in abaiting mosquitoes and is more lasting.

No, Mr. *Medical Visitor*, "a million dollar president" is not necessarily a millionaire.

Some things cost more than they are worth.

Five A. M. is said to be the coldest hour of the twenty-four.

Get a copy of Nash's *Regional Leaders* and quiz yourself on the "key-notes." Being "regional" it is good to hunt up queer symptoms in different parts of the body.

Dr. S. E. Chapman has accepted a chair in the faculty of Hering College.

"To a valet no man is a hero."—*Gœthe.*

"No man is a hero to his valet."—*Cornuel.*

The "Concert of Europe" is a rather costly one.

"Look before you leap" does not apply to the bent-pin-in-the-chair times.

"A penny saved is a penny earned"—and the fun of spending it is lost.

Cooking should rank among the fine arts.

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THE

HOMŒOPATHIC RECORDER.

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HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Seventeenth Annual Session.
(Year 1860.)

The seventeenth annual session of the American Institute of Homœopathy was held in the Homœopathic College, on Filbert street, Philadelphia, Pa., beginning on June 6th, 1860, the meeting being opened, in the absence of the Secretaries, by P. P. Wells, M. D., a former President.

Wm. E. Payne, M. D., of Bath, Me., was elected Chairman pro tem. After the roll was called and corrections made the members present proceeded with the election of officers, appointing Drs. J. R. Coxe, Jr., C. H. Skiff and Walter Williamson as Tellers. E. C. Witherill, M. D., Cincinnati, was elected President; Jacob Beakley, M. D., New York, General Secretary, Henry M. Smith, M. D., New York, Provisional Secretary; and C. H. Skiff, M. D., Brooklyn, Treasurer.

The Board of Censors was S. R. Beckwith, M. D., Cleveland, O.; J. R. Piper, M. D., Washington, D. C.; J. D. Middleton, M. D., Baltimore, Md.; L. Dodge, M. D., Buffalo, N. Y.; and G. D. Beebe, M. D., Chicago, Ill.

The President appointed J. P. Dake, M. D., Pittsburg, Pa.; I. M. Ward, M. D., Newark, N. J.; J. R. Coxe, Jr., M. D., Philadelphia, Pa.; W. E. Payne, M. D., Bath, Me.; and S. M. Cate, M. D., Salem, Mass., as the committee to audit the Treasurer's Report.

C. H. Skiff, M. D., presented the Treasurer's Report, which was audited and pronounced correct by the Committee.

D. M. Dake, M. D., presented his report on *Medical Education*, which was at first laid on the table, but afterward taken up and ordered to be referred to the Committee on Publication.

W. E. Payne, M. D., presented the report of the Central Bureau on the Materia Medica. Dr. Payne had made some provings of Glonoine, which, with an accidental proving by Dr. J. G. Wood, of Salem, Mass., and one by Dr. Isaac Colby, of Concord, N. H., made a very interesting and important document, which was published in the Proceedings.

Drs. B. F. Joslin and Edw. Bayard reported personal provings of Inulahelenium, which was published in full in the Proceedings.

Dr. P. P. Wells asserted that Dr. Hering published a full proving of Glonoine in his work on American Provings, which he hoped would soon be translated from the German, on account of the information which it contained.

Dr. R. Ludlam furnished his report on *Stomatitis Materna*, which was very full and complete, giving the nature and action of the disease, the remedies and treatment, together with the effect of each remedy.

Dr. N. H. Warner was granted another year for the preparation of his paper on Bi-carbonate of Potassa, etc.

Dr. H. D. Paine was continued on the subject of *Diphtheria*, not having had time enough to prepare a full report.

Dr. T. W. Donovan, having no report to offer on *Intermittent Fever*, was discontinued.

Dr. W. A. Reed, on the *Determination of Medical Truths*, was granted more time.

S. S. Guy, M. D., on *Anæsthesia in Midwifery*; G. W. Swazey, M. D , on *Medical Dynamics*; J. A. Tarbell, M. D., on *Diseases of the Eye*; W. H. Watson, M. D., on *Phthisis Pulmonalis*, and T. W. Donovan M. D., on *Diabetes*, were each discontinued, having no reports ready upon their subjects.

Dr. S. M. Cate stated his experience with Pareira brava, but had not obtained sufficient provings to make a report.

Dr. I. T. Talbot was granted more time on the subject of Auscultation and Percussion and their Therapeutic Relations.

Additional time was also granted to R. Gardiner, M. D., on *Ulceration of the Mucous Membrane;* D. Holt, M. D., on *The Relation of Pathology to Therapeutics*, and G. E. Shipman, M. D., on *Parasites in Connection with Disease.*

Dr. I. M. Ward was continued on *Mechanical Supports in the Treatment of Diseases.*

Dr. S. R. Beckwith, Chairman of the Board of Censors, reported the names of forty-seven gentlemen as qualified for membership, who were elected as follows:—

Henry Ahlborn, M. D., Marblehead, Mass.; James T. Alley, M. D., Henry M. Smith, M. D., Thos. Franklin Smith, M. D., of New York; F. S. Bradford, M. D., Charleston, S. C.; John Brown, M. D., Lynn, Mass.; Charles S. Buckner, M. D., Baltimore, Md.; J. B. L. Clay, M. D., Moorestown, N. J.; J. F. Cushing, M. D., Covington, Ky.; J. W. Dake, M. D., Warsaw, N. Y.; Carroll Dunham, M. D., Newburgh, N. Y.; John W. Fox, M. D., Covington, Ky.; William E. Freeman, M. D., Wilmington, N. C.; Owen B. Gause, M. D., Trenton, N. J.; J. R. Hamilton, M. D., Skowhegan, Wis.; William H. Holcombe, M. D., Waterproof, La.; I. D. Johnson, M. D., Kennett Square, Pa.; Joseph Moore, M. D., Bridgeton, N. J.; Charles Morrill, M. D., Norwalk, Ohio; James H. Payne, M. D., Bangor, Me.; Edward Reading, M. D., Hatboro, Pa.; Edward J. Record, M. D., Woodbury, N. J.: Charles M. Samson, M. D., Brooklyn, N. Y.; John C. Sanders, M. D., Cleveland, O.; J. W. Smith, Jr., M. D., Brooklyn, N. Y.; Jacob S. Stehman, M. D., Lancaster, Pa; E. B. Thomas, M. D., Cincinnati, O.; George S. Terrill, M. D., Cleveland, O.; Theodore C. White, M. D., Detroit, Mich.; O. C. Wood, M. D., Phœnixville, Pa.; Anthony H. Worthington, M. D., and Silas S. Brooks, M. D., Samuel Brown, M. D., William Brown, M. D., William C. Harbison, M. D., J. R. Lee, M. D., Robert J. McClatchey, M. D., George J. McLeod, M. D., John Malin, M. D., Thomas Moore, M. D., Jacob Reed, Jr., M. D., James L. Scott, M. D., George R. Starkey, M. D, William Stiles, M. D., Daniel M. Tindall, M. D, Charles E. Toothaker, M. D., David S. Trites, M. D., all of Philadelphia.

Dr. M. J. Rhees sent a communication stating that he had been unable to make provings of Chimaphila umbellata, but that he had the article and would furnish it to members who wished to make provings. The letter was placed on file.

Dr. Walter Williamson presented an interesting report on "Medical Ethics" which was published in full in the transactions.

Dr. Henry M. Smith presented an article on Apis in *Albuminuria*, by Dr. B. F. Joslin, referring to the medicines used by him in the treatment of the disease and their effects upon the patients under his care, with assurance of the cure resulting from their use. The paper was published in full.

Dr. D. M. Dake made an interesting and finely written article an *Medical Education*, which was published in full.

Drs. C. Hering, P. P. Wells, and J. P. Dake were appointed by the Chair as a committee to nominate members on Scientific Subjects.

In the evening, F. R. McManus, M. D., of Baltimore, delivered the annual address, taking for his subject Homœopathy and the efficacy of small doses.

He spoke feelingly of the happiness of meeting once more with the members of the Institute and thanked God for His bountiful goodness in permitting them to thus unite in the cause and for the advancement of their beloved science. He said the very name of Homœopathy inspired an enthusiastic love which no other name on earth could inspire, and he recalled the tribulations through which it had passed in the twenty-five years that he had been connected with its practice. He had seen the days when all who believed in its doctrines were ridiculed and those who were treated by its methods were either afraid or ashamed to acknowledge it. They were even known to go behind a door when they took a powder rather than submit to the sneers of the enemies. Its followers had pressed forward, however, with unparalleled firmness and perseverance and had lived to see the seed sprout, grow and flourish until its influence spread to the limits of the civilized world. They had lived down all opposition until some of the most violent enemies had rallied under its standard and the rest looked on with eyes of envy and jealousy instead of contempt and pity.

Dr. McManus then spoke of the importance of life and the necessity for preserving it against disease. For this medicines were discovered and used, but while the medicinal qualities were proper for the preservation of life, poisonous properties were present that would probably counteract the remedial property or even cause serious results, if not death.

Samuel Hahnemann understood this, and it was to his genius and his exhaustless patience and industry that the world is indebted for the process by which poison is eliminated from medicines and the curative powers retained and prepared for professional use. This alone erects a perpetual monument to his memory and gives him a reputation that will live through unborn generations. The practice established by him is remarkable for its beauty, simplicity and safety. It was his right to use the God-

given talents bestowed upon him in seeking the means by which to ameliorate the sufferings and cure the diseases of his fellowmen. Among his critical opponents were hundreds who denounced and abused him until his heart well-nigh despaired, but he persevered until a few, who yet objecting to his doctrines, were generous enough to praise him. Professor Valentine Mott, who visited Hahnemann, afterwards spoke of him as "one of the most accomplished and scientific physicians of the present age." Professor James McNaughton, once President of the New York State Medical Society, said that it was wrong to denounce the system established by Hahnemann as an absurd delusion imposed upon public credulity. It is founded on experiment and observation, and may be erroneous, but whether true or false it at least has the right to be investigated before it is condemned. If homœopathic remedies are efficacious they should be tried, and if more successful than the old remedies they should certainly be used. He repeated that it was unwise for the members of the dominant profession to ignore or denounce the new system without further inquiry. As the history of the old school had already displayed many errors it was wise to examine the proposed improvement before finally resisting its advances.

Hufeland, of Germany, also warned against too great an antagonism to the new theory, because to his mind it offered to lead the profession to the safe path of observation and experience, and it furnished simplicity in the treatment of diseases. Professor Broussais, of France, publicly advised thorough investigation of Hahnemann's Homœopathy before condemning it. He said that many distinguished scientists had examined it and some were fully convinced of its importance; therefore it must be investigated so as to find the truth it contained, and it was unprofessional and unwise to condemn it without a hearing. Professor Breera, of Italy, also advised careful study of the doctrine of Hahnemann, saying that it was foolish to imagine that there was nothing to learn in the practice of medicine. He reminded his hearers that there were often complaints of the imperfection of the dominant system of coping with diseases. It was wise, then, to examine into the promised advance to the better treatment, because serious opposition had always met the greatest discoveries.

In England, Dr. J. G. Millingan, in his "Curiosities of Medical Experience," says: "The mere hope of relieving society from the curse of constant drugging should be the cause of gratitude

that would hail homœopathic investigations." He thought that persecution was unjust and that the system must in some measure lead to improved practice in medicine. He, too, remarked that the very prejudice and intolerance with which Homœopathy had met were but a repetition of the antagonism shown to every great progression in human enterprise. He thought far wiser to acknowledge ignorance and to study and investigate carefully before denouncing against a doctrine of which the general profession had no knowledge whatever. From such high authority Hahnemann and his discoveries at least obtained a hearing. They were brave enough to lay aside professional intolerance and give to Hahnemann's genius and learning the credit that they fully deserved.

Dr. McManus defined Homœopathy, from two Greek words, homoios and pathos, meaning similar disease or affection, as a system of medical practice by which diseases are cured with minute doses of medicines upon the principle Similia Similibus Curantur. The precise quantity of the dose is not as essential a point of Homœopathy, as is the principle of cure. And this principle is simply—medicines are given in small doses to cure symptoms or disease in the sick precisely similar to the symptoms, or disease, which the same medicines would produce, in large doses, upon the healthy. He explained the effects of large and small doses of the same drug upon individuals, using Epsom Salts, Colocynth, Opium and other medicines in his explanation. He told of a remark made by Professor Eberle, a noted allopathic authority, in explaining the operation of Mercury and Calomel, who said: "Mercury may prove remediate, first, by producing a new and peculiar excitement in the system, and thereby overcoming the morbid excitement. It is in this way, probably, that Mercury removes disease when exhibited in such doses as to produce no sensible evacuations or affections of the system." In diarrhœa, he states, Calomel, judiciously managed, is a remedy of great efficacy. In minute doses (mark this), it allays morbid intestinal irritation more readily than any remedy we possess "

Dr. McManus said, that as Professor Eberle was an unimpeachable allopathic authority his word must be accepted, and as a proof of the truth of the homœopathic law there could be no stronger corroboration. He explained that in case of poison the small dose was not used, because there was in that case abnormal conditions that required stronger measures. In case of necessity

surgery was also used, but in usual diseases the small doses of selected remedies were the law. Another very important point, elucidated by the speaker, was that homœopathic medicine acted only upon diseased tissues, consequently they produced no evil effects upon healthy systems. The secret of Homœopathy is that the remedies are applicable to the diseases for which they are prescribed and to none other. They are neither poisonous nor mechanical, because in the homœopathic preparation these properties are eliminated and only the medicinal parts retained.

Dr. McManus then explained that while the allopathic treatment acted upon disease, by creating irritation in another part of the body, Homœopathy acts upon the nerves of the diseased portion alone. For instance, he said, for a violent headache a cathartic was prescribed by the old school physician, which if it relieved the head produced for a time an irritation in the bowels; Homœopathy would act directly upon the nerves of the head and allow the stomach to retain its normal condition. He also explained the conditions existing in healthy and in diseased organs, and the manner in which the properties of different remedies acted upon them. Until within the last few years the great object had been to find how great an amount of medicine could be safely prescribed without proving destructive. Now, Homœopathy has so far won its way as to prove that small doses are successful, and now the enormous quantities are no longer in use. Hahnemann knew of the danger of these immense doses and he tried to obviate it while retaining their curative qualities. That he succeeded beyond his own hopes has been abundantly proven, while his success has caused a spirit of investigation among his most adverse enemies.

Dr. McManus then criticised the absurd statements made by Dr. Simpson, whose prominence in allopathy should have prevented him from giving voice to commutations and explanations whose very illustrations would amuse a school boy. Dr. Simpson carried his satire too far and thus left for himself a monument far from desirable. He sent forth his book as an elucidation of Hahnemann's doctrine and turned the laugh upon himself, as the rising generation beheld how mistaken and misrepresenting his so called explanations were. In truth, the great doctor provoked further investigation and led his readers to know that so long as a particle of medicine, or any other matter, remains there remains with it its intrinsic qualities. Homœopathy proves this, and

though it does not depend upon decillionth doses it can and does cure the disease of minute cells with minute quantities of the proper remedies.

Dr. McManus said he would not say that diseases are not cured by allopathic treatment any more than he would say that travelers were never transferred from one place to another by stage coaches, but he would sustain that Homœopathy was as much an improvement upon Allopathy as the railroad was upon the stage coach.

He said the great objection to the system was its simplicity, which was also the objection to Jenner's system of vaccination from the cow virus; while the world's opposition to the Messiah had been the simplicity of His birth, life and teachings.

It was said that Hahnemann deceived the public, but Dr. McManus failed to see in what the deception consisted, except indeed that his treatment, acting almost imperceptibly, cured without the patient's knowledge so far as any inconvenience occurred. Others would not discuss the new system for fear of the judgment of their colleagues in the old profession. Such an one, Dr. McManus felt, was not suitable to be trusted with so sacred a thing as human life.

In conclusion he reviewed the growth of the Institute of Homœopathy which stood prominent as one of the finest organizations in the world, and of Homœopathy whose followers were counted by the thousands and its believers daily multiplied. He exhorted the Institute members to hold together as a band of brothers, defending the sacred cause of Homœopathy; ever sustaining the noble maxim, "In truth, unity; in doubt, liberty; in all things, charity."

At the close the doctor received a vote of thanks and a request for a copy for publication, and on motion of Dr. E. J. Record it was decided to have five thousand copies of the address printed and distributed to members.

At the Thursday morning meeting Drs. P. P. Wells and W. E. Payne were appointed a committee to select the time and place for the next meeting. They selected Cincinnati, on the first Wednesday in June, 1861, which was adopted by the Institute.

A report was received from the Homœopathic Medical Society of Chester County, Pa., giving a short history of the Society, and accepting the invitation to become auxiliary to the Institute. Report was filed and printed.

A report from the Philadelphia Homœopathic Medical Society

was also received, giving a short history of the Association with the subjects of some of the most important papers contributed by its members. The Report was printed.

The Sixth Annual Report of the Central Homœopathic Dispensary of New York was received from Dr. B. F. Joslin, giving a short history of the dispensary and naming a part of the benefits which it had been instrumental in bestowing upon those who needed medical assistance. Printed in full.

The annual report of the Northern Home for Friendless Children was received from Bushrod W. James, M. D., attending physician, who reported very satisfactory results from homœopathic treatment. In an epidemic of Ophthalmia, not one case had been left with defective vision, while but four deaths had occurred during the year among one hundred and forty-eight cases, though malignant Scarlet Fever had been prevalent.

H. D. Paine, M. D., reported that he had been unable to procure a full set of the proceedings of the Institute for the Smithsonian Institute because the earlier numbers had not been preserved in the archives. The report was ordered to be filed for the present.

Dr. Paine forwarded the resolution: "That a committee be appointed to prepare commemorative notices of such members of the Institute as have died during the year, and that their report be incorporated with the proceedings of the Institute." The resolution was adopted and Dr. Paine appointed as that committee.

Dr. Paine also communicated the resolution: "That any member neglecting or refusing the payment of his annual dues for ——— years shall be considered to have forfeited their membership, and if, after being notified of his indebtedness by the Secretary or Treasurer, he shall still neglect to pay, his name shall be omitted from the published list." On motion of Dr. P. P. Wells, the communication was laid on the table.

Dr. B. Fincke read an elaborate and useful article on Homœopathic Notation, which was published in full.

A report of the Medical Board of the Homœopathic Dispensary of the South-eastern portion of Philadelphia was received from Richard Gardiner, M. D., telling of its formation and usefulness. Printed with the proceedings.

Dr. L. M. Kenyon read a paper on Gelsemium, which was published on motion of Dr. G. D. Beebe.

On motion of Dr. P. P. Wells, Dr. W. E. Payne was requested

to give his experience with the drug, which he did, stating his belief in its efficacy in diseases of the eye, especially Amaurosis and Amblyopia.

Upon Dr. P. P. Wells, request, Dr. J. R. Cox, Jr., also stated his experience with the remedy, and gave quite an extensive account of its effects and his faith in its curative qualities for some forms of intermittent fevers.

Dr. J. P. Dake, from the Committee on Scientific Subjects, reported the following appointments:

Whooping Cough, C. Neidhard, M. D., Philadelphia, Pa.; Tabes Mesenterica, R. Ludlam, M, D., Chicago, Ill.; Uterine Hemorrhage, P. P. Wells, M. D., Brooklyn, N. Y.; Characteristic Symptoms of Medicine, C. Hering, M. D., Philadelphia, Pa.; Intermittent Fever, Its Homœopathic Treatment, W. Williamson, M. D., Philadelphia, Pa.; Homœopathic Repertories, Carroll Dunham, M. D., Newburgh, N. Y.; Diabetes, W. E. Payne, M. D., Bath, Me.; Homœopathic Notation, B. Fincke, M. D., Brooklyn, N. Y.; Bi-carbonate of Potassa, Tartrate of Potassa and Carbonate of Soda as Articles of Diet, N. H. Warner, M. D., Buffalo, N. Y.; Diphtheria, H. D. Paine, M. D., Albany, N. Y.; Determination of Medical Truths, W. A. Reed, M. D., Philadelphia, Pa.; Pareira Brava, S. M. Cate, M. D., Salem, Mass.; Auscultation and Percussion and their Therapeutic Relations, I. T. Talbot, M. D, Boston, Mass.; Ulceration of Mucous Membrane, R. Gardiner, M. D., Philadelphia, Pa.; Relation of Pathology to Therapeutics, D. Holt, M. D., Lowell, Mass.; Parasites in Diseases, G. E. Shipman, M. D., Chicago, Ill.; Xanthoxylon, or the Prickly Ash, L. M. Kenyon, M. D., Buffalo, N. Y.; Uses of the Microscope, S. R. Beckwith, M. D., Cleveland, O.

Drs. P. P. Wells, J. F. G. Geary, F. R. McManus, S. Gregg, D. M. Dake, S. R. Beckwith, J. Jeanes and W. Williamson had quite a discussion upon Croup, each giving his experience and mode of treatment. Dr. Wells gave Dr. Bœnninghausen's mode of treatment, which had cured three hundred cases of Membranous Croup. Nearly all agreed to the peculiar efficacy of Aconite, Hepar Sulphur and Spongia.

At the afternoon session the Chairman announced the appointment of Dr. W. W. Rodman, of New Haven, to deliver the next annual address, and Dr. P. P. Wells, of Brooklyn, as his alternate.

On motion of Dr. J. P. Dake, Drs. B. Joslin, E. E. Marcy and Jacob Beakley were continued the Committee for publishing the

articles in the American Homœopathic Review, in accordance with the resolution adopted June 2, 1859.

The Central Bureau remained as before in membership, and Drs. W. Williamson, S. Gregg, and F. R. McManus were appointed a Committee on Clinical Experiences.

Dr. J. P. Dake offered the following Declaration of Principles:

Resolved, That we adopt and order to be printed annually in a Journal of Proceedings the following brief "Declaration of Principles;"

1. That the law of cure discovered by Hahnemann and set forth in the terms Similia Similibus Curantur is universal in its control of medicinal means. (The term medicinal being used for all curative means which are not chemical, mechanical or hygienic.)

2. That the law, thus set forth, requires a Materia Medica such as can be supplied only by the provings of those means upon persons in health.

3. That the nature of all pathogenetic means and especially their homœopathic relationship to particular diseases requires the employment of the least dose that experience proves to be efficiently curative, and never can allow such as might prove destructive of life.

4. That the Homœopathic Law requires all medicines to be used singly and not in combination one with others.

5. That the system of practice founded upon the Homœopathic Law, not only allows, but calls for the cultivation of all those branches of science which can be tributary to the art of healing.

This Declaration was discussed by Drs. J. R. Coxe, Jr., Beakley, Geary, Cate, Beebe, Beckwith, McManus, Payne and J. P. Dake. On motion of Dr. McManus, the resolutions were laid on the table.

Dr. P. P. Wells presented an elaborate article on "The Dose in Drug Provings," written by Carroll Dunham, M. D., which was printed in full in the Proceedings.

At the evening session Drs. E. C. Witherill, J. H. Pulte, E. B. Thomas, A. Bauer and F. Ehrman were appointed a Committee of Arrangements for the next annual meeting.

The first annual report of the Homœopathic Infirmary, of Philadelphia, was presented by Bushrod W. James, M. D., Secretary, giving a favorable report of its dispensary, considering the low state of the treasury. In the year nearly twelve hundred cases had been treated with success, and 4,582 prescriptions had been

dispensed. Surgical cases had been successfully treated without the knife, and but one death had occurred in the hospital. The report was published in full.

The Sixth Annual Report of the American Provers' Union was received and printed.

Dr. G. D. Beebe announced the formation of the Hahnemann Medical College, of Chicago.

Dr. C. Hering presented a paper on "Diphtheria," which was printed in full.

Dr. S. M. Cate offered the following resolution, which was adopted:

Resolved, That we regard the Homœopathic Law as co-extensive with disease, and that a resort to any other medical means than those pointed out by the law—Similia Similibus Curantur, is the result, in part, of the incompleteness of our Materia Medica, in part, of a want of sufficient knowledge on the part of the physicians, of those remedies already possessed by our School, and not from any insufficiency of the Homœopathic Law."

Dr. W. A. Reed presented an acceptable design for a diploma. On motion of Dr. J. P. Dake the committee was continued, and on motion of Dr. S. Gregg it was ordered to have four hundred printed from the copper plate.

Dr. P. P. Wells made a motion that all bills incurred in procuring the diploma should be paid at once. Carried.

Dr. L. Dodge made a motion that all members not in arrears be furnished with a diploma upon paying fifty cents. Carried.

Dr. S. Gregg moved the adoption of the amendment to Article IV., as noted by Dr. W. E. Payne at the meeting of the Institute in June, 1858. The amendment was carried,

Dr. J. P. Dake moved that the name President be permanently substituted for Chairman. Carried.

Dr. W. A. Reed moved that the Secretary be instructed to have the diplomas filled out in uniform style. Carried.

He also moved that on the afternoon of the second day the Institute proceed to the election of officers for the meeting. The motion was postponed indefinitely.

The Secretaries and Treasurer were appointed a committee to publish the Proceedings.

Thanks were returned to the officers for their services, to the daily papers for their correct reports of the meetings, to the managers of the College for the use of their hall, to Drs. Williamson

and Gardiner for the kind entertainment and to the Railroad Companies for their reduction of fares to the members of the Institute.

Henry D. Paine, M. D., reported touching and extensive eulogies in memory of Richard S. Bryan, M. D., of New York; Robt. Rosman, M. D., of New York; Ferdinand L. Wilsey, M. D., of Bergen, N. J., and Isaac E. Kirk, M. D., of Hudson, N. Y.

The Institute then adjourned to meet in Cincinnati on the first Wednesday in June, 1861.

HOW TO STUDY MATERIA MEDICA.

By T. L. Bradford, M. D.

How shall I ever understand the Materia Medica? How study it intelligently? What did Dr. Henry N. Guernsey mean when he said of a case that the genius of the disease and the remedy did not correspond?

These are questions often asked by the medical student. Of course, my friend, you understand the homœopathic laws of proving; the means by which the symptoms of the many drugs used by our School are first collected. Now you wish to discover some method by which you may become familiar with the more commonly used remedies, without the mind getting tangled in a labyrinth of many symptoms. For it is indeed discouraging to the neophyte to look at the immense record of the ten volumes of provings collected by Dr. T. F. Allen and his editors, and known as Allen's *Encyclopædia*. Then there is Hering's *Guiding Symptoms*, also in ten large volumes; the *Materia Medica Pura*, of Hahnemann; Jahr's voluminous volumes known as the *Symptomen Codex;* Mure's *Brazilian Provings;* Metcalf's *Provings;* Lippe's *Text Book;* Hering's *Condensed Materia Medica;* Farrington's *Clinical Materia Medica;* Hughes's *Pharmacodynamics;* Hoyne's *Clinical Therapeutics;* the Materia Medica of Teste, Hartmann, Gross, and others. And when the student looks at these collections of drug results it is little wonder that he becomes discouraged.

Now Hahnemann left plain directions to his followers for finding the true homœopathic similimum.

Note down carefully all the symptoms of the case, letting the patient do the talking, and if possible do not ask leading ques-

tions. Then by means of an intelligent use of the repertory find the remedy that is capable of producing the majority of these symptoms, and give it in a dose just large enough to complete the cure without producing a medicinal aggravation.

But to do this one must know something of the remedies and the symptoms produced by each upon the healthy. Fortunately, in the symptoms of each remedy are to be found certain well marked, distinct, and peculiar symptoms characteristic to the remedy in question and not to be found in any other. These symptoms have been called keynotes, and to these we may look for sure results. They have been obtained by verifying, over and over, some peculiar symptom, and noting that the remedy containing that symptom never failed to cure a case in which the symptom was present. These verified symptoms, of which there are but a few belonging to each remedy, are known as characteristics or keynotes. Now provided that the student becomes familiar with these keynotes, of even the polychrests, as the more commonly used medicines are called, it will be comparatively easy for him to add to this knowledge from time to time, until he has a fair insight into the wonderful treasures of the homœopathic materia medica. And by this method he may learn the important symptoms peculiar to each remedy so that a picture of the remedy is formed in the mind, and a duplicate disease picture will certainly suggest the proper drug picture. Then will the genius of the disease and the remedy correspond.

It is not to be supposed that the student on leaving college will be a master of materia medica. That is the work of a life time. But there need be no confusion or uncertainty in its study while he is in college if this plan be followed: Briefly memorize the keynotes of the Materia Medica and he will have at hand a collection of guides to the further study of the different remedies.

The great mistake is that the student looks at the great mass of symptoms of which our Materia Medica is composed, sees that many symptoms under the different remedies are similar to each other, and becomes confused in selecting the right remedy. Yet in the pathogenesis of each remedy certain symptoms appear that are not to be found in any other. These are the ones to be first mastered. And the student must not try to learn too much at once.

The greatest accomplishments of man are the results of daily study. It is like building a house, brick by brick, and in a little while a massive and strong wall results.

Let each keynote be but one isolated brick in the wall of knowledge of Materia Medica, and soon the bricks will fit themselves nicely into place and the usefulness of each be understood. For this study the following books will be of value to the student:

Burt's *Characteristic Materia Medica;* Hawkes's *Characteristics;* Hering's *Materia Medica Cards;* H. C. Allen's *Keynotes;* the two books lately issued by E. B. Nash—*Regional Leaders* and *Leaders in Homœopathic Therapeutics;* Dewey's *Essentials of Homœopathic Materia Medica.*

Let the student take Allen's *Keynotes* (Boericke & Tafel), or Hawkes's *Characteristics*, select a remedy and commit to heart each keynote under that remedy. After this has been done let him read up the remedy in Nash's *Leaders in Homœopathic Therapeutics;* in Dewey's *Essentials of Homœopathic Materia Medica;* and to pursue the study further read the careful analytic comparisons in Farrington's *Clinical Materia Medica.* While he is doing this he is to think of no other remedy. Get the keynotes and important symptoms of one remedy By the time he has followed this course with these books and thought over the remedy and symptoms he will find a very perfect picture of the remedy in his mind, and one not easily forgotten. Then another remedy is to be taken, and so on. As the knowledge of the keynotes increases comparisons will be instituted involuntarily.

And let the student ask himself, what is the reason of a keynote? Why will *Aconite* produce and consequently cure great inconsolable anxiety, fear of death? Why does the *Aconite* patient tingle all over, have fainting spells, become worse on arising? There is reason for it, and that reason understood will greatly assist in the comprehension of the keynotes of *Aconite.* And so we reach the genius of *Aconite*—Capillary Congestion.

As the student becomes familiar with a number of remedies, distinctions may be made between the symptoms common to several. Thus: *Arsenic* and *Phosphorus* both produce vomiting, worse after drinking water. But the man who knows the keynotes of both these remembers that the *Arsenic* patient vomits just as soon as the water is swallowed, the *Phosphorus* patient only after it has become warm in the stomach. Draw these distinctive lines carefully; do not be discouraged by slow progress; after the first few remedies are mastered knowledge and interest will rapidly increase. And be sure this careful knowledge, this power to discriminate between remedies, will come in very handy

by the bedside of some poor sufferer and will prevent the necessity for the anodyne, or the palliative, or any of the other makeshifts of the lazy doctor. I say, and this is what Guernsey taught, and Lippe, and Hering, and Farrington; I say that if the student will master Hawkes, and Allen, and Burt, and Nash, while he is in college he need fear neither the examination in Materia Medica of the college or the State Board, and he will acquire a certainty in prescribing for disease that will go far to make him a homœopath who practices what he preaches and who has no need for eclectic and uncertain measures.

And a very little time each day throughout the college life will be time enough to do this. And it is well to bear in mind that Materia Medica should be one of the most important studies of the homœopathic physician. Hawkes's book can be carried in the pocket, and so can that of Nash, and either is much better for a student's pocket companion than "Billy Baxter's Letters."

Now, when we know the symptoms that a remedy will produce it becomes easy to decide in what form of disease it is useful. On seeing a certain disease one naturally thinks of a certain class of remedies. Usually in questioning the patient some keynote presents itself and the remedy containing it comes at once to mind, if the doctor is familiar with the keynotes. He can even greatly surprise the patient by telling him how he feels if he follows the pathological keynote-symptom. The finger post set up by some pathological condition to point unerringly to the remedy that will produce that condition. For there is a reason for every keynote. A pathological reason; we may not understand it, but it is there.

Presupposing a human body in perfect health, one in which all the physiological functions are acting normally, it must be that whatever is taken into the body through mouth, nose or skin that is not an aid to healthy nourishment must be an injury to the normal action of the organs of life; must, in a word, disturb the perfect equilibrium of health.

The effects of certain substances known as poisons are analagous to certain abnormal states arising from unknown cause, called disease. It must be true that everything not useful in nutrition must be detrimental to perfectly normal life. The first effort of nature is to eliminate such a thing from the system as waste. In direct proportion to the noxiousness of the disturbing substance is the gravity of the effort to get rid of it. In this effort certain symptoms may be observed, and nature uses the same symptoms in every case to rid herself of the same poison.

A man who takes a dose of *Arsenic* will experience a marked effect of discomfort dangerous in proportion to the amount of the poison taken, so that to one familiar with these always present symptoms that result from *Arsenic* when introduced into the human body it is possible to understand that it is really *Arsenic* that is making the man ill.

Each and every substance that produces abnormal effects upon the system of man will always produce those effects in every man subject to certain personal idiosyncrasies. While many sensations resultant from poison differ in different men, yet there always must be in all cases well-marked symptoms to point like finger posts to the substance that has produced them.

Presupposing of each morbific state not produced by the direct action of a drug or poison, that there is a certain drug or poison that is capable of producing a similar state, then the important symptoms, or keynotes, of the drug must correspond to the important symptoms produced by disease.

A man is ill, he has vomiting and diarrhœa, thirst, prostration, weakness; I do not know what made him ill. But I do know that *Arsenic* will produce a similar condition when it is given to a well man. Now what is the pathological condition when *Arsenic* is given? Irritation, congestion, inflammation of mucous surfaces of the digestive organs. When these conditions result from some unknown cause I see that they are the same that the *Arsenic* will produce. The keynotes of *Arsenic* are present, vomiting, thirst, diarrhœa, and they tell me as plainly as possible here is inflammation of the intestines and stomach, gastritis, enteritis. *Arsenic* will produce it. *Arsenic* will cure it.

Thus the keynotes or important symptoms produced by a drug must always correspond to the pathological symptoms of the disease that the drug in question will produce.

In hunting for the keynote we must find the disease.

It is absurd to say that the man who depends on keynotes does not understand the pathological changes going on in a patient. He must of necessity, for from the keynotes he must be able to determine the remedy that will produce the keynotes and also the pathological condition similar to the disease present.

Hahnemann said that all that it was important to do was to cure the patient by prescribing for the symptoms. What are symptoms but manifestations of the morbific state known under some dogmatic name? Find the drug producing the symptoms or nosological state and we cure according to the law of similar.

With the keynotes as a guide the other minuter symptoms may be also discovered. The important keynote may be a very peculiar one, but whatever it is it certainly has a reason for being; back of it there is the pathological change producing it. And although we can not always explain the reason, there is a possible explanation for every such keynote or important symptom that manifests itself.

And the man who makes himself master of the symptoms of the homœopathic materia medica will never need to use any other than homœopathic remedies in healing the sick.

REGIONAL LEADERS.*

By T. L. Bradford, M. D.

Years ago Dr. Hering, realizing the confusion for the beginner in the multiplicity of symptoms of the homœopathic materia medica, devised certain cards to assist in their study. Upon one side of the card was printed an important symptom, on the reverse its name. He called them Materia Medica Cards, and advised the student to read the symptoms and guess at the remedy, or if memory waited not on thought to look on the other side. This became a very popular method of studying materia medica. The first four volumes of Hering's journal, the *American Journal of Homœopathic Materia Medica* contain many of these characteristic symptoms. Dr. Lippe taught materia medica by emphasizing these characteristics; so also did Dr. H. N. Guernsey. In 1869 Dr. W. H. Burt made an exhausitive compilation of these characteristics or keynotes, collecting them from all sources and giving the name of the physician responsible for the symptom. Dr. Guernsey lecturing to the students of the Hahnemann Medical College, of Philadelphia, laid great stress on the keynotes of the remedies; in fact, his lectures were really talks on keynotes. These lectures were published as reported by Dr. J. C. Guernsey, his son, as a supplement to Vols. 5, 6 of the *Am. Journal of Hom. Mat. Medica*, and afterwards in book form. Some years since Dr. W. J. Hawkes, of Chicago, published a very practical book on keynotes, in which the symptoms were printed on one side of the page only, leaving room for notes and addition of symptoms. It

*Regional Leaders, by Dr. E. B. Nash, Philadelphia. Boericke & Tafel, 1901.

is said that the students in the Hahnemann Medical College, of Chicago, where Dr. Hawkes lectures on Materia Medica, are required to memorize these symptoms.

Several collections of keynotes have been published since, notably one by Dr. H. C. Allen. Dr. T. F. Allen also prepared and had printed a small book of keynotes in which the symptom is on one side of the page, the name of the remedy on the other; this has never been published.

But in all these collections there has been one serious defect. In each the remedies are arranged alphabetically and under each remedy its keynotes. But previous to the publication of *Regional Leaders* there has been no attempt to classify keynotes according to the region of the body to which they refer. So that although a keynote was known it could only be, without knowledge of the drug, located through the seductive bafflement of the repertories or by going over one by one the collections of the keynotes. Now usually the keynote as told by patient to physician refers to some part of the body, head, eyes, ears, stomach, extremities, and it is obvious that a collection of keynotes arranged under the parts of the body must be of vastly more practical value to student and physician And this is what Dr. Nash has very aptly done. To be sure, certain therapeutic pocket manuals give the important remedies but the classification is under diseases, it is simply nosological.

But in *Regional Leaders* Dr. Nash has placed under mind the mental keynotes; under head, those of the head, and so on, taking the parts of the body from head to extremities. There are sections on sleep and dreams, chill, fever and sweat, skin, bones, generalities, causes and modalities, and last but not least, constitution and temperament. In this classification he has followed the arrangement in Lippe's Materia Medica. And by so doing he has solved the problem that has so long confronted the student of keynote collections; made a compilation that can be easily and intelligently used.

Another innovation in this facile volume is that it can be used as were Hering's Materia Materia cards Each keynote occupies a paragraph, and near the inner margin of the page a line runs vertically separating the name of the remedy from its keynote. A metal book-mark accompanies the book just large enough to cover the names of the remedies on a page. So the student can test his memory and strengthen it by guessing.

It is an ideal book to one who wishes to study materia medica as it should be studied, and while some keynotes are omitted that might very well have been included, it is as the author writes in his preface: "No doubt I have left out some that are as valuable as these that are in; but let each add to them as 'seemeth to him good,' and thus become a contributor."

Certainly it is a book that will be valuable to every one who believes in the law of similia as did Hering, and Raue, and Guernsey, and Lippe, and Farrington, and Jahr, and Bœnninghausen, and Dunham, and a host of the pioneers of our school.

SOME SINGLE REMEDY CURES.

By Dr. A. W. K. Choudhury.

1. Sanguinaria Canadensis in Rheumatism.

Case No. 50 of my Case Book XIII.

Patient, named Sadan Sirdâr, a Mahommedan male adult, came to dispensary the 10th March, 1901, for treatment of *rheumatism of the right shoulder*, from which he had been suffering since three days back.

Only right shoulder affected; aching, inability to raise up the hand for contraction and pain; bowels open daily three or four times; urine not colored; sleeplessness for aching of the shoulder for three nights past; appetite good; tongue clean; taste in mouth occasionally sour. Getting fever every morning since five or six days, with no chill, consisting of heat only, with sweat of head and face latter part of night.

Was given *Sanguinaria* 200, one dose. Was ordered to take *ata-chapati* and milk by day, and *khoi* and milk at night. Not to bathe.

The next day reported no aching the previous night and had good sound sleep; could better raise up the hand. Fever at about 6:30 A. M., but less severe; daily one sufficient stool since his first day of attendance. Urine not colored. Taste in mouth sometimes sourish, else insipid.

Repeated one dose (*Sang.* 200) as above.

13–3–1901. Can sleep at night, pain and aching very slight as above; sleep good; one or two normal (formed and easy) stools daily; urine not colored; appetite good. No more morning fever; getting, since day before yesterday, evening fever with

slight chill with no thirst, chill continuing till about 10 P. M.; no separate heat, followed by sweat of head, face and neck (anterior and posterior).

Given placebo.

14–3–1901. Aggravation of aching last night, and he could not enjoy sound sleep; last evening no feverishness; daily one formed stool; appetite good; urine not colored.

I repeated one dose more of the medicine.

17–3–1901. No more fever, good sleep at night; aching almost gone; can raise up the hand almost right up to the head; one formed and sufficient stool daily; urine not colored; appetite good; dimness of vision (slight).

One dose repeated with direction to use it if the illness increase, not to use if it decrease gradually.

Remark. He appeared no more, but reported his recovery (26–3–1901). One week and one day he attended the dispensary, and he was given four doses on four different days. This sort of pain of the right shoulder making the patient unable to raise up the hand right above the head has a very good and reliable medicine in *Sang. c.* I can mention how another case of the above sort (pain of the right shoulder) of about three months' duration, entered in my Case Book No. IV, and dated the 4th January, 1896. The patient is a Mahommedan gentleman of about 51. The disease in this case is a complicated one, the complications being morning diarrhœa and slight occasional cough with thick mucous or whitish expectoration. Here in this case I gave *Sang. c.* 3x. He—the latter patient—received one dose daily on the 4th, 5th, 10th, 11th, 12th, 13th, 15th, 16th, 17th, 19th inst. On the 21st inst his report is as follows: Evening fevers without chill, but followed with slight sweat; no sweat; tertian type.

Here I would rather interrupt you for a few minutes to consider on the fever produced. In the second case the fever appeared after ten doses of the medicine. A fever was found in my first case, and it was after the second dose. Now let us compare the fevers of the two cases as above:

	Type.	*Time.*	*Chill.*	*Heat.*	*Sweat.*	*Thirst.*
1st Case.	Quotidian.	Evening.	Slight chill,	"	"	o
2d Case.	Tertian.	"	No chill.	o	"	o

To note here that my first patient (case No. 50 of my case book XIII) when he first attended dispensery had morning fever since five or six days back, the character of which fever you have

already noticed above. After the first dose of the medicine given to my first patient there was no remarkable change in his fever save lessening in its severity. After the second dose it became an evening fever.

Now in turning over the pages of Bœnninghausen's *Homœopathic Therapia of Intermittent and Other Fevers*, I am glad to find under *Sang. c.* an evening chill, and moreover there are heat and sweat. No thirst in Bœnninghausen and no thirst in my two cases. I am sorry to write that Dr. H. C. Allen has left off *Sang. c.* from his *Therapeutics of Intermittent Fevers.*

Although *Sang. c.* is a good remedy to the rheumatic painful contraction of the right shoulder joint, it seems to me that the medicine will show its better results in the treatment of the disease when higher dilutions are used.

Lycopodium in a Case of Intermittent Fever.

Case No. 20 of my case book XIII.

Patient, a Mahommedan boy of about 14 years, came to my dispensary first on the 6th February, 1901, for the treatment of intermittent fever. His case runs as follows (suffering four days):

Type.—Quotidian.

Time.—4 P. M., continues till 8 P. M.

Prodrome.—Stretching.

Chill.—Slight; *thirst*, but little, and that only yesterday, tightness of head.

Head.—From 7 P. M. to 8 P. M.; *no thirst.*

Sweat.—Slight, on forehead; *no thirst.*

Apyrexia.—Complete.

Bowels open daily once, stool soft, insufficient, with no bad smell; urine red with slight burning during urinating; taste in mouth sour; bad smell of mouth; tongue clean.

Treatment.—Lycopodium 30, one dose.

7–2–1901. Almost no fever yesterday; two stools yesterday, but stools scanty; bad smell of mouth less; sour taste in mouth is no more.

Repeat one dose.

8–2–1901. Fever yesterday at about evening, still less and continuing till 8 P. M.; one rather hard stool yesterday; urine colored, with slightly burning sensation in the urethra; bad smell of mouth increased; sour taste in mouth as before; appetite good;

sleep good; tongue clean; slight thirst last evening during chill, and drunk water once.

9–2–1901. Almost no fever yesterday; one scanty stool yesterday; urine colored as before; bad smell of mouth increased as yesterday; sour taste in mouth less; appetite good; sleep good; no thirst yesterday.

10–2–1901. No fever yesterday; going on well; no stool; urine less red than before; appetite good; sleep good; bad smell of mouth much less; no more sour taste in mouth; burning during micturition.

Remark.—Recovered. No more attended dispensary. Why *Lycopodium* was given in this case? First, that the fever was from 4 to 8 P. M., and secondly, the sour taste in mouth. In this case the second dose, as it seems to me, was superfluous; it aggravated the symptoms, as *Lyc.* 30, second dose, created once in me, when used for an attack of intermittent fever, a train of new symptoms. I might have met the desired effect by the first dose if I had patience not to repeat the medicine. See how prompt cures follow the homœopathic treatment of intermittent fevers. Compare here given cases. If Homœopathy has anything to boast of it is here in the treatment of intermittent fevers.

4. Cimex in a Case of Intermittent Fever.

Case No. 132 of my case book XIII.

Patient, an old Mahommedan, of about 75 years, came to my office, 14–5–1901, with the following history and symptoms: Ill since day before yesterday; type quotidian; time, 3 P. M. yesterday evening, day before yesterday; prodromal thirst; chill severe; no thirst, or avoids drinking for fear of headache and gagging in the œsophagus, headache; heat severe, no thirst; sweat slight, no thirst; apyrexia, complete thirst.

An opium eater; bowels open day before yesterday; no stool yesterday; one stool to-day (first portion formed, latter portion soft); urine not so colored, with slight burning in passing; coughs with morning and evening aggravation, and aggravation on lying down; tongue coated white; drowsiness and sleepiness; pain under percussion on right hypochondrium.

He was given *Cimex* 30, one dose in apyrexia, as usual with me. The next paroxysm—the paroxysm of the day he took the dose—was comparatively less severe. He was given no more medicine. On the 15th inst. had almost no fever. Going on well.

Now why *Cimex* was given in this case? It was the aggravation of headache and gagging in the œsophagus by drinking in the chill of the fever, and thirst in apyrexia, and in the prodrome that indicated the medicine.

I do not know why Homœopathy should not occupy the first and the highest seat in the treatment of intermittent fever.

Calcutta, India.

THE ORIGIN OF HOMŒOPATHIC PHARMACY.

Translated for the HOMŒOPATHIC RECORDER from the opening number of *Zeitschrift f. Hom. Pharmacie*, Leipzig, Sept, 1901.

The directions for the preparations of the homœopathic fundamental medicines, which then serve for the further preparation of the medicines properly used in Homœopathy, and which are called potencies, are not very old yet. They were formulated and demonstrated as Homœopathy was in the beginning of the last century. The first sketch that we have of these rules is of the year 1805, and is laid down in the work of Hahnemann, "*Fragmenta de viribus Medicamenboram positivis sive in sano corpore observatis.*" Here the fundamental principle of Hahnemann's method of preparing medicines as distinguished from the allopathic mode of preparation which was then dominant, and is still prevailing, is plainly laid down. This method of course demands that the medicines should be in a state in which they can be preserved for an indefinite period, and of uniform quality and active force; but besides this it absolutely requires that the medicaments be entirely simple and uncompounded.

In this Hahnemann returned to nature, as he established the theorem that medicines are most curative in the form in which they are presented to us by nature; so that in order to secure medicines of permanently equal action all that is necessary is to preserve the medicaments in their original form by proper conservative means. Their chemical constitution is in no wise to be changed, nor should any other medicines be mixed with them, as an *adjuvans* and *dirigens*, as was customary in his day.

Then, as now, various means were used for preserving medicines. The most common method consisted in drying the vegetable or animal products as quickly as practicable in the open air, as no changes can go on in dry preparations. But the changes which

take place before these drugs are dried or while they are being dried, and which are produced in part by internal causes, as the oxidation taking place in almost all plants, while others are produced by external influences, such as the effects of light and of fermentation, these changes can never be avoided; such drugs, therefore, present only a more or less useful substitute for the fresh plant, which has not been preserved quite unchanged.

Another method consists in pressing out the juices of the fresh plants, with the addition of water; this mode has been much used and is still prevalent. But such juices can be kept only a short time, as the presence of large quantities of water causes manifold changes, especially those caused by inferior organisms, such as bacteria and fungi. Then the attempt would be made to remove the superfluous water by evaporating the juice to the consistence of honey or till it yielded a dry residue. But since the danger of changing and decomposing the juice by this method is even greater than in drying the whole plant, owing to the high temperature required for the evaporation, the process has lately been shortened and conducted at lower temperatures by the use of expensive vacuum—evaporators; but even thus the desired result is not attained. In order to secure an extract yielding a clear solution after the evaporation, and then also to remove from the preparations the substances containing albumen and pectine, since these favor the formation of bacilli and fungi, before the evaporation, the fresh juices of plants were first treated to the boiling point on an open fire and then filtered, because by raising the juice to the boiling point most of these nitrogenous substances are made insoluble and precipitated.

Other preparations, especially largely used in former days, were confections, but these have come into disuse lately because they spoil easily.

The defects in all these forms of preparations Hahnemann has characterized excellently in his Organon:

"Even the most curative plants lose their medicinal virtues in part or entirely through such modes of treatment. By completely drying them all roots belonging to the genus of iris, of the horseradish, of arum and of the peonies lose almost all their medicinal virtue. *The juices of even the most poisonous plants are often transformed by the heat applied in making extracts to a pitch-like indifferent substance.* Even by standing for a time, the juice of the most poisonous plants loses its virtues. Even in a mild tempera-

ture it soon passes into vinous fermentation (losing thus much of its medicinal strength); this is succeeded by acetic and putrescent fermentation, destroying all the medicinal virtues proper to the juice. The powder which then settles down is quite innocuous like any other starch. Even the sweating of a mass of green plants lying on a large pile will destroy the greater part of their medicinal strength."

As examples of these declarations of Hahnemann, we may cite *Amorphophallus* and *Rhus* which are among our most poisonous plants. While the fresh juice of the various species of *Amorphophallus* is universally designated one of the most violent poisons, scarcely surpassed by any other vegetable poison, so that it is also used by the tribes of farther India to mix with the *Ipo* poison for arrows, these plants, by drying, lose all their poisonous qualities, so that the tuberous roots containing starch after being dried are used for food.

Rhus toxicodendron and *Rhus venenata* where they grow wild, even by their evaporation, cause inflammation and swelling of the skin with persons who are so incautious as to recline near them; while we sometimes search in vain for any efficient chemical constituent in the drug, the *fol. Rhus tox.*

This also gives a natural explanation to the fact that medicines which in former centuries had been used by physicians with great effect in the freshly crushed condition, and which had therefore been held in high esteem, entirely refused to act and lost their reputation when they came to be used as drugs or as desiccated extracts. We need only cite as examples the root of *Bryonia*, which when fresh is a strong laxative and emetic remedy, but when dried has no effect at all; so also the pasque flower (meadow anemone), *Pulsatilla*, in its fresh state is a strong poison, and the desiccated extract was a few decennia back still considered officinal, but now it has come into disuse, because the active part, the anemone-camphor almost entirely evaporates when it is heated, so that the preparation obtained has no effect.

It was left to Hahneman to introduce a form of medicine which enables us to save and preserve the juice of fresh plants in its original form. He made the water contained in the juice harmless, and removed the albuminous substances and the pectine which is of no medicinal effect, not by boiling and evaporating, but by mingling the juice as soon as it is pressed out with an equal weight of alcohol. Thus he produced liquids which he called "essences,"

which, since they contained about 45 per cent. of alcohol, could not breed any fungi, while the substances containing albumen and pectine, since they are not soluble in liquids containing so much alcohol, fall down as a sediment and can be removed by filtration.

In the essences thus prepared the active substances of the plant are still present in their original form and in the molecular compounds and combinations that are found in nature, since alcohol cannot produce any mutation, and no other chemical agents are applied. It is therefore manifest that preparations thus produced will retain an equable permanent efficiency, different from the drugs and evaporated extracts mentioned before.

How important this discovery justly appeared to Hahnemann may best be seen from a passage in his Organon in which he most decidedly claims for himself the priority of this discovery. We quote:

"Buchholz (*Taschenbuch f. Scheidekunst und Apoth.*, 1815, Weimar, Div. I–IV) assures his readers this excellent mode of preparing medicines we owe to our campaign in Russia, whence he says it came to Germany (in 1812). He conceals the fact that this discovery and the directions (which he quotes in my own words from the first edition of the Organon der rat. Heilkunde § 230) belong to me, and that I communicated them to the world in this book two years before the Russian campaign (the Organon appeared in 1810). He here follows the noble custom of Germans, of being unjust to the merits of their countrymen. He would rather invent the origin from the deserts of Asia than give to a German the honor belonging to him. What times and morals!"

It is notable and characteristic as proving the excellence and usefulness of this mode of preparing medicines that of late years also the allopathic side, *e. g.*, Apothecary Golatz, has taken up homœopathic essences according to Hahnemann. He only went a step further and by dialysis removed every trace of resinous and mucous substances. But the two methods agree in preserving the fresh juice of the plants without the use of chemicals or other chemical agents. There is no doubt that through the efforts of Golatz and the physicians who use his dialytic essences many indigenous plants are being restored to honor which in spite of their considerable toxic and medicinal qualities have almost fallen into oblivion owing to the inefficiency of their preparations caused by irrational modes of production.

Every conscientious homœopathic physician ought, therefore, to be on his guard, so that he may be sure that the efficient and rich tinctures prepared according to Hahnemann's directions may be preserved and continued, and that he may not have foisted on him tinctures prepared by methods not homœopathic and therefore uncertain in their effects.

THE ACTION OF MEDICINES.

By Dr. J. Sieffert.

Translated for the HOMŒOPATHIC RECORDER from the *Revue Homœopathique Francaise*, July, 1901.

An open letter to *Sir Lander Brunton*, Dr. Med. of Sciences and Law at Edinburg, LL. D. of the University of Aberdeen, member of the Royal Society of London, physician to the Hospital of St. Bartholomew at London.

Most Illustrious Sir:

Being insufficiently familiar with the English language, I have read your remarkable work on "*The Action of Medicines*" in the French translation, which has been published by the Messrs. E. Bouqué and J. F. Heymans, professors at the University of Ghent.

I have drawn therefrom precious teachings, of which I have hastened to profit, but I have also found (on pp. 31 and 211 of the translation) some remarks about Homœopathy which do not seem to me to be justified, so long as you are striving to be impartial. And I respectfully request your permission to submit to you in my mother-tongue some reflections on this subject.

"This doctrine," you may say with respect to Homœopathy, "was formulated by Hahnemann, and may be summed up in homœopathic language in the motto: '*Similia similibus curantur.*' . . . But in fact this method is eventually the same as *Contraria contrariis curantur*, feeble doses of medicine producing an effect opposite to that produced by strong doses or by the disease." Then you cite an example drawn from the effects of *Atropine*, and you continue: "The chief reproach to be made to Homœopathy is that it presents as a universal law a fact falsely interpreted and which is far from being applicable to all cases."

In support of this latter statement you adduce the multiplicity of symptoms, occasionally contradictory, which Dudgeon has indicated in his *Cyclopædia* for the pathogenesis of *Aconite*. Outside

of the fact that no man, however powerfully organized his brain may be, can pretend to condense by himself and in a single book the whole of a school of thought, and that I need not on that account defend Dudgeon as to any errors which might have escaped his notice, I must, nevertheless, for the present, cause you to observe that these contradictions are more apparent than real. We shall see this in the sequel, thanks to the arguments which you yourself furnish us. Let us at the same time recall what Trousseau and Pidoux, two teachers of allopathy, have stated in the introduction (page LXV) of the *Treatise on Therapeutics:* "The homœopathic tenets have created a Materia Medica Pura, from which have proceeded all manner of very precious knowledges concerning the special properties of medicines and concerning a multitude of particulars as to their action, of which in France we are too much in ignorance. This ignorance is the cause why we know only the grossest of the general properties of the therapeutic agents, and that in the presence of such a variety of shades of indications we too often lack the modifiers appropriate to these various shades."

I have here temporarily gone outside of your text, but I now return to it.

"It is a curious fact," you continue," "that Homœopathy is founded on exact facts of observation, but these have been interpreted in an erroneous manner." You then cite the experience of Hahnemann with Cinchona bark, and you seem to admit that if the founder of our school, in the course of these experiments, was seized with an attack of fever, it must have been only the attack of an old malaria which thus recurred.

The reason thus adduced is more specious than to the point. For Hahnemann, you will readily grant me, was not a newcomer among his contemporaries, and was bound to repeat his experiments more than once before he would derive thence a general conclusion. And, besides, the action of the *Sulphate of quinine*, now so universally known, absolves me in this respect from the necessity of any further discussion, at least from supposing that Hahnemann alone was insensible to the curative effects of this drug.

Further on you speak of his experiments on *Mercury*, and you say: "But he forgot this other fact, that *Mercury* is changed by a prolonged trituration and is transformed first into a suboxide of mercury, and later on into an oxide." But what difference does

it make that the *Mercury* has acted as a suboxide of mercury or as an oxide? What matters it whether this transformation be effected through a prolonged trituration, or under the influence of contact with the humors of the bodily economy? Has its action on that account been any the less homœopathic, *i. e.*, in obedience to the law of similitude according to which "the most sure and the most prompt means of healing consists, in employing a medicine capable of causing a healthy man a totality of abnormal symptoms similar as a whole to those that have been established with the sick person treated?"

Besides, the number of medicines the homœopathic action of which has been proved and recognized is, if not illimitable, at least much more considerable than you believe. I shall not give you a complete enumeration of them, and shall limit myself to some examples borrowed from allopathic authorities the credibility of which you would not wish to impugne.

Cantharides in nephritis (Prof. Laucereaux).

Cyanide of mercury in diphtheria (Prof. Dujardin-Beaumetz).

Horse chestnuts in hæmorrhoids (Académie de Médecine de Paris).

Sulphate of quinine in the vertigo of Ménière (Prof. Charcot).

Corrosive sublimate in dysentery (Prof. Lépine).

Arsenic and *Cacodyates* in cutaneous affections (Prof. A. Gautier).

In order that there may be nothing equivocal about this statement, I will state it more boldly: These medicines which we have enumerated had been employed by the homœopaths according to their law of similitude for quite a long time; *Cantharides* because it produces nephritis and also cures it; *Cyanide of mercury* because it produces false membranes, and also cures them; *Horse chestnut* because it produces hemorrhoidal symptoms, and also cures them; *Sulphate of quinine* because it produces symptoms similar to the vertigo of Ménière, and also cures them; *Corrosive sublimate* because it produces dysentery and also cures it; *Arsenic* because it produces cutaneous affections, and also cures them. All these were thus used by homœopaths long before the masters of the official school discovered their curative virtues. But not one of the authors mentioned above has believed it his duty to acknowledge the priority of the homœopaths. The grand principle established by Hahnemann has not even been treated on a footing of equality with the phenomena of hypnotism, which have also existed at all

times like the law of similitudes, but have at last wound up by being taken under consideration, after Prof. Charcot was kind enough to acknowledge the fact of their existence.

In addition to these remedies we have the different *serums* of Pasteur and his co-laborers.

We homœopaths have, therefore, a compass, the guidance of which it would be wrong for us to abandon, having therein a *positive* indication which it would be criminal in us to disdain. And it becomes more and more an absolute error to teach that medicines have the same effect on the healthy man and on the sick man.

You believe, and correctly, that we are not able or have as yet not been able to verify the homœopathic law of cure for all remedies; but the number of the medicines which act according to the law of similitude is so great that we may well without temerity conclude thence on *a general law*.

Now is it the same with the law of opposites? The opposite of *diarrhœa* is doubtless *constipation*, and in diarrhœa, according to the law of opposites, *astringents* are indicated. The celebrated American homœopathist, E. Hale, some thirty years ago, in his work, "New Remedies," under the article *Gallicum acidum*, describes the action of astringents in the following manner:

"1st. All astringents produce, in the first place, a contraction of the muscular fibres in any part of the body, and at the same time a diminution of the secretion of the glandular and mucous tissues.

"2d. All astringents produce, as a secondary effect, a diminution of the tonicity and a laxity of the muscular fibres, as also in the glandular and mucous tissues, and in consequence an increase in the secretion, even in colliquative evacuations."

But while diarrhœa and constipation are readily recognized as opposites, what is the opposite of *vomiting*, of *headache*, of *pneumonia*, of *pleurisy*, of *fever*, and of *eruptions?* No science has so far formulated any opposites. And, then, what is the base on which our allopathic colleagues found their therapeutic, for combating diseases? *Experience*, you will answer. Experience, that will surely count as something. But, unhappily, experience, resting on tradition, has too often bent aside and deviated for us to grant it absolute importance. It has essentially varied with the times, to prove which I need only to cite the widely different treatments applied successively in two very common diseases, pneumonia and typhoid fever.

In view of this groping in the dark, homœopaths, without opposing any true progress, but immutably faithful to their principle, have, without ceasing, conformed to their law of similitude, and with the statistics in our hands it will be difficult to impinge their success. Where, then, does the truth rest?

Here, I know, you will lie in wait for me. "The truth," you will answer, "is that weak doses of medicine produce an effect opposite to that caused by strong doses or by the diseases. Homœopaths practicing allopathy in disguise satisfy themselves with playing on words." We must then explain ourselves more fully:

From the first, homœopaths, having established that medicines have not the same effect on a healthy man as on a sick man, have never denied the difference in the action of medicines, according as the doses are strong or weak. And this may, perhaps, explain the apparent contradictions existing in the pathogeneses of the *Cyclopædia* by Dudgeon. Nevertheless, unless much deceived, we owe to homœopaths themselves in their researches in pathogenesis the discovery, specification and application of the difference in the action of doses. And thus also we demonstrate the usefulness of infinitesimal doses, to which we shall return further on.

This is also shown by Hale's statement on astringents. So also some twenty-years ago by a memorial read before the International Homœopathic Congress (August, 1878), in which Dr. P. Jousset, in agreement with Hale, said:

"*In order to conform with the law of similitude, we must employ the dose which produces the primitive effect of the medicine, when the morbid state is analogous with these primitive effects.*

"*On the contrary, when the morbid state is analogous with the secondary effects, we should prescribe the dose producing these secondary effects.*

"*Infinitesimal doses are the most suitable for producing the primitive effects, and the low dilutions and even ponderable doses are necessary to produce rapidly the secondary effects.*"

Since then Mons. P. Jousset (Art Médical, Nov., 1895) has more exactly defined his thought in these three laws of pharmacodynamics:

I. Law. *A moderate dose of a medicine once administered to a healthy man will produce successively two opposite effects. These opposite effects may alternate several times during the duration of the action of this remedy.*

II. Law. *The stronger the dose the less marked is the primitive*

action. If this dose is excessive, the secondary action alone is developed.

III. Law. *With very small doses the primitive effects dominate, and the secondary effects are frequently lacking.*

More recently Prof. Lépine, of Lyons, has also in part studied this difference in the action of medicines (*Semaine Médicale*, Nov. 27, 1889), but you will agree with me that the labors of the allopathic school are much later than the homœopathic discoveries, especially if you will allow me to remind you that it is almost forty-five years since Dr. Fabre, later on professor in the medical college of Marseilles, in a paper presented to the *Académie des Sciences*, demonstrated that *ether* and *chloroform* despite of their similar effects might, nevertheless, become antagonistic, if the experimenter will take care to oppose the *exciting* period of the one to the *anæsthetic* period of the other.

In the meanwhile, because one remedy may produce two alternating opposite effects, you conclude that every remedy is at the same time allopathic and homœopathic, and that the law of similitude is without any value.

Mons. P. Jousset (in the place before mentioned) continues: If *Aconite* in its primitive action produces an excess of heat, and in its secondary action a lowering of the temperature, we cannot assert that *Aconite* cures fever through its primitive hyperthermic action and in virtue of the law of similitude, since this remedy in its secondary action lowers the temperature; and nothing proves that it is not this secondary which cures the fever by the law of opposites. So, again, if *Strychnine* is convulsive in its first action and paralyzing in its secondary action, who can state whether *Strychnine* cures convulsions by its primitive action or by its secondary action, according to the law of similitude or according to to the law of contrariety.*

"But let us remark, that always with physicians employing infinitesimal doses it must be the law of similitude which is the rule of indication. The third law of pharmacodynamics, which we have cited above, say, in effect, that when the medicine is given

*To prevent confusion, it may be well here to call attention to the fact, that, contrary to homœopathic practice, you denominate "primitive effects" those which are caused by strong doses, and inversely "secondary effects" those caused by small doses. This is nothing but a question of words, which it is only necessary to call attention to once, so as to avoid mistakes which might give rise to misunderstandings.

in a very small dose, and thus in infinitesimal doses, then the primitive effect alone is produced. Thus the effect which Hahnemann calls primitive is precisely that which we oppose to an analogous symptom offered by the disease. For example: *Nux vomica* contains in its pathogenesis neuralgias with twitches. This is one of the primitive effects of the remedy, and by virtue of the law of similitudes *Nux vom.* in infinitesimal dose will be the remedy for this kind of neuralgia. Thus there is no doubt as to the application of the law of similitude when infinitesimal doses are in question.

"But the question is more complex, and the clinic shows that there are remedies which are homœopathic *in all doses*. Thus the primitive effects of *Aconite* indicate that it is a remedy against all feverish motions; and this remedy is successful in fever, whether the remedy be given in the sixth dilution or in doses of twenty to thirty drops of the mother-tincture. *Bryonia* and *Ipecacuanha* possess primitive effects corresponding to symptoms of bronchopneumonia and of pneumonia. A great number of homœopathic physicians treat these diseases with success, using the sixth and the twelfth dilutions; but we know that Prof. Lancereaux treats parenchymatous nephritis with drops of the mother-tincture."

Based on these considerations, I venture to hope, Very Illustrious Sir, that you will accord the law of similitude the right to exist. And if it is repugnant to you to admit that diseases are cured by similars, I have the honor of proposing to you the following compromise, established on the fact that medicines possessing two actions opposed to each other may in consequence cure a disease either by similar action or by a contrary one. We must, however, remind you that since this latter action cannot be found out directly, we are forced to deduct it from the fact of the existence of the similar symptoms which are easily observable. As the late Dr. Ozanam felicitously remarked: "We must do like the embroiderers of the Gobelins tapestries, who embroider on the reverse side of their master-pieces that which is admired on the right side."

Here then is the key to the enigma which keeps the two rival schools in check. We can restate it in the following words:

"*Similitude* alone can give us knowledge as to the remedies that are able to cure through the deduction of opposites.

"But diseases are probably cured by the contrary action of medicines: *Contraria similibus indicantur.*"

Can you derive a more striking confirmation of the law of similars?

There is, then, reason for not further pushing this debate. And yet—the matter lies near my heart, I confess—if I was not afraid of too much taxing your patience I would yet mention an opinion, not very friendly, which you set forth with respect to our tenets (on page 211 of the translation).

"Another kind of treatment, which for the most part may be considered as suggestive is Homœopathy, a system which may be excellent, especially for imaginary disease. In fact, Homœopathy is in the majority of cases a treatment by faith . . . Certain homœopathic remedies, such as *Carbo vegetabilis*, which is merely vegetable charcoal, are so much diluted in sugar of milk that the pills in reality do not contain any more charcoal and cannot act any more otherwise than as intermediates of the imagination."

You are severe, O Illustrious Teacher! and nature is more kindly to us than yourself. Why should remedies thus subdivided not be able to act any more? Air and steam manifest themselves all the more powerful as they are more subdivided, and are they anything else than matter infinitesimally subdivided? It is the same with light and electricity, other infinitesimal transformations of matter. And what is true of air, steam, light, and electricity should be impossible with matter in the form of medicine.

From the theoretical point of view I allow myself the liberty of recommending to you in this question the experiments of a celebrated allopath, Prof. Ostwald, of Leipzig, according to which the power of decrystallization has been demonstrated up to crystals of the ninth dilution (*Zeitschr. f. phyo. Chemie*, Vol. 32, F. 3).

In practice examples abound. Every day we cure adenitis with the twentieth dilution of *Silicea*. My excellent colleague, Dr. Cartier, formerly a physician at the hospitals in Paris, told me enthusiastically only yesterday of his success in curing a violent cough with the 100th potency of *Aviarie* (*Tuberculinum* of birds). If, as you suppose, these dilutions contain no trace of medicine, they ought to be altogether harmless. What, then, could you lose in such a case by trying these medicines so as to control the exactness of my statements?

Listen to two more examples (I do not desire to adduce too many) drawn from my *Formulaire de Therapeutique positive:*

"I. *Lycopodium*, according to the observations of my friend,

Dr. A. Claude, is well adapted to the cure of certain intermittent fevers not uncommon in the Parisian climate, less characterized by thermometric oscillations of great extent, than by undefined distressing conditions (anxieties, somnolence, weariness, etc.), the symptoms being most pronounced at the close of the afternoon and the beginning of the evening. The temperature remains stationary or is only one-half or two-thirds of a degree higher. The spleen may present a slight increase of size. These symptoms are also observed at the end of the feverish stages, and at the end of fevers connected with exanthems where *Lycopodium* constitutes then an excellent remedy during convalescence. If the improvement which Dr. Claude notes at the end of the third or fourth day while using the thirtieth dilution does not progress, he passes successively to the sixtieth and the one hundred and twentieth dilutions, which he has caused to be prepared specially for such circumstances, and finally to the two hundredth dilution. This remedy has cured, among others, a pleurisy covering posteriorly almost the whole of the right lung.

II. With respect to headache from overwork, Dr. A. Claude has spread himself on the systematic use of *Pulsatilla*. Having observed that this symptom, characterized by an obtuse pain, localized especially in the frontal region, and by an almost complete disability of the brain, both with respect to the comprehension of thought and to recollection, was relieved after the use of *Pulsatilla*, even after resisting the prescribed complete physical and intellectual rest, the use of certain preparations of iron and of *Arsenicum*, which seemed called for by the chlorotic puffing, as also the other hygienic measures, such as hydrotherapy, change of air, etc. Our colleague wished to see whether these facts could not be explained by the elective action of *Pulsatilla* on the venous system. At the request of my colleague, Dr. Parenteau, a distinguished oculist, made numerous ophthalmoscopic examinations of the patients sent to him by Dr. Claude. Through these researches it may be considered as established that headache from overwork always coincides with an augmentation in the size of the venous vessels in the depth of the eye, and with a diminution in the diameter of the arterial vessels. The thinness of these latter vessels is sometimes pushed so far that there is a good deal of trouble in finding them, while the venous network is alone visible. Though the relative volume of these two circulations we may almost determine quantitatively the intensity of the lesion

and of the disorders which it calls forth. This examination, therefore, furnishes at once valuable diagnostic and prognostic information. Dr. Claude divided his patients into several series: (*a*) Medicines other than *Pulsatilla*, such as *Hamamelis* and *Arnica;* (*b*) *Pulsatilla* in strong doses; and (*c*) *Pulsatilla* in attenuated doses. *Hamamelis* and *Cactus* were not successful except in a single case each; strong doses of *Pulsatilla* (10 to 30 drops of the mother tincture in twenty-four hours) always led to a redoubling of the pains. The attenuated doses alone in a constant manner always effected a favorable result. The third dilution (three doses a day) diminished the pains in three to four days, then it seemed to lose its efficacy. If at the end of a week he passed to strong doses, the symptoms resumed their former intensity. But the sixth and the twelfth dilution did not fail to bring relief, and the ophthalmoscope demonstrated anatomically the improvement in the functional lesion described by the patients. In a last series Dr. Claude placed the patients whom he from the first treated by feeble doses. There was with them no effect, and it was only by the prior use of the low dilutions and successively rising thence to the higher attenuations that the curative action revealed itself, increased and was finally firmly established. From that time on our colleague always used the same formula in these cases, which may be called systematic; five doses of *Pulsatilla* 3 (two drops in a spoonful of pure water) one hour before the chief meal and on retiring. After a pause of two days *Pulsatilla* 6 in the same way. Another pause and then successively *Pulsatilla* 12, 18, 24, and 30. We may conclude by saying that the patient is rarely obliged to pass beyond the eighteenth dilution.

To this Dr. Claude adds: "In *Lycopodium*, as in *Pulsatilla*, the premature use of very high dilutions is ineffectual. These do not seem to yield their effects before the bodily economy seems to be saturated with the lower dilutions. In such cases the action is at once as successively primitive and secondary, but *always homœopathic.*

But what rule should you then follow in the choice of the attenuation? You will ask me, Illustrious Teacher.

No absolute rule can be established, because as Dr. Léon Simon says in his Memoir, which he read before the International Homœopathic Congress in London, in 1896, and which was entitled: "*An Attempt at a Rule for Posology.*" "To solve the posological

problem, we must take count of three factors, the medicine, the disease and the patient."

On the other hand, a great number of medicines are homœopathic in whatever dose they be given, and experience joined to medical tact can here alone supply the insufficiency of the data, while the law of similitudes is an indispensable auxiliary in showing us that the medicine was well chosen ; it then needs to ascend or to descend the posological ladder, according as the administration of the medicine was followed either by aggravation (most frequently due to the medicine), by no change at all, or by amelioration. But I repeat again and insist, that there is no absolute rule in this respect, and I cannot make a better ending than by reproducing one of the conclusions from the Memoir of Dr. Léon Simon :

For as much as to undertake the study of the pathogeneses of each attenuation of every remedy would be a labor for which several generations would not suffice,* therefore,

"We need to proceed to the choice of the dose as we do to that of the medicine, *i. e.*, we must take into consideration the totality of the symptoms, and conform to the law of similars.

*For a great number of remedies, however, the proving of the action of the attenuations is already made, as in *Corrosive sublimate*, as we may see from an open letter addressed by the late Ozanam to Prof. Lépin, of Lyons (Jan., 1890). "But you, in following out this view, altogether attribute to Dr. Lemoine, Assistant Professor of the School for Military Health in Lyons, the discovery of the favorable action of *Corrosive sublimate* in a dose of $\frac{1}{3000}$ in *dysentery*, explaining its action as *elective* or *antiseptic*. Now, without desiring to decry in any way the talents and the merits of Dr. Lemoine, who may have labored a good deal in determining this indication, I can affirm that he discovered what had already been known for nearly half a century ; this remedy had been indicated in our pathogeneses and our medical manuals (Hahnemann, *Materia Medica*, Vol. III, pp. 27 and 90, Paris, 1834. Hartmann, *Homœopathic Therapeutics*, Vol. I, p. 209, Paris 1837. Hering *Homœopathic Domestic Physician*, 1855, 3d ed., p. 350). But there it is set forth with the more complete details characterizing its indications.

"Thus we have on the side of the remedy and on that of the disease : 1st. The *elective action* on the larger intestine and the rectum. 2d. Both sides intense *phlegmasy* of the mucous membrane, with *colic*, *tenesmus*, *diarrhœa*, *slime*, *erosions*, *ulcerations and hemorrhages*.

"Nothing can be imagined more similar, more homœopathic.

"But since doses of $\frac{1}{3000}$ of a gramme frequently cause medicinal aggravation, we administer this remedy in the second or third solution, *i. e.*, the $\frac{1}{10000}$, $\frac{1}{100000}$, $\frac{1}{1000000}$ of a gramme. The primitive violent toxic effect is thus suppressed; the consecutive or therapeutic effect alone remains and heals.

"We shall therefore, after having chosen a homœopathic medicine, give such a dose of it as would produce in a healthy person a totality of symptoms similar to that which we observe in the sick person. This we express in the formula: "*The therapeutic dose ought to be similar to the pathogenetic dose.*"

"The therapeutic dose ought, however, always to be smaller than the pathogenetic dose."

And now, O Illustrious Sir, if you have deigned to read through to the end, it only remains with me to thank you, and ask your pardon for having intruded on your leisure, and to respectfully hope that I may see you become an ardent homœopath, which you failed to become on the entrance on your glorious career.

Paris, July 1901.

EFFECT OF VACCINATION.

Editor of the HOMŒOPATHIC RECORDER.

Dear Sir.—Please publish enclosed clipping relative to vaccination. I believe there is a better way to prevent smallpox epidemics, viz.: Cleanliness and absolute isolation. To modern hygiene, quarantine, cleanliness should be given the credit for less of smallpox than formerly rather than to vaccination.

Yours truly,

B. W. SEVERANCE, M. D.

Gouverneur, N. Y., Sept. 2, 1901.

OGDENSBURG, Sept. 2.—Harriet Marjorie McGibbs, only daughter of James A. and Harriet McGibbs, of Washington street, passed away Thursday evening after an illness of about six months, aged 10 years. Little Marjorie was vaccinated at the time the order was issued by the board of education compelling all children in the city school to be vaccinated. It worked very hard and the child soon began to fail, and has been confined to her bed most of the time. Death is attributed to the effects of vaccination. The funeral was held Saturday afternoon.—*Watertown, N. Y., Daily Standard.*

"We may draw thence a new and important conclusion, that *the scale of doses* can quite faithfully reproduce the series of the periods, and we may thus accurately determine the effects we wish to obtain, the strong doses representing the primitive or toxic stage or period, while the infinitesimal doses correspond to the prodromic, fugitive and transitory period where the remedy hardly begins to act; or most frequently to the secondary period, where the remedy is almost eliminated.

"But while the homœopathic physician like a skillful painter can lean upon even the lightest shades to characterize the similitudes, he still observes that the *Sublimate* is suitable only to dysenteries in which the hæmorrhages are formed of *red blood*. When *various* hæmorrhages set in, it is no more the *Sublimate* which covers the total indication, but another remedy which allopathy has also discovered lately, but thirty years after us, *i. e., Hamamelis Virginica*." (Grover Coe, Concentrated Organic Medicine, New York, 1858–1865, seventh ed.)

BOOK NOTICES.

A Treatise on the Acute, Infectious Exanthemata. Including Variola, Rubeola, Scarlatina, Rubella, Varicella, and Vaccinia, with especial reference to Diagnosis and Treatment. By William Thomas Corlett, M. D., L. R. C. P. Lond., Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 colored plates, 28 half-tone plates from life, and 2 engravings. Pages viii-392. Size, 6¼ by 9¼ inches. Sold only by subscription. Price, extra cloth, $4.00 net, delivered. Philadelphia: F. A. Davis Company, publishers, 1914–16 Cherry Street.

The title of this book gives its scope. The illustrations, full-page insets, are unusually good. It will be noticed that "vaccinia" is classed among the diseases, and the illustrations of the effects of this disease are as repulsive as those of smallpox. Among the diseases caused by vaccination the author describes erythema, eczema, generalized vaccinia (practically smallpox), papillary hypertrophy, vaccinia hæmorrhagica, erysipelas, ulceration, glandular abscess, septic infection, gangrene, tetanus, impetigo, psoriasis, tuberculosis (doubtful), syphilis, and leprosy (remote probability). Still Dr. Corlett does not condemn the practice, but urges the greatest care in vaccinating—which is seldom used.

Cholera: Its Symptomatology, Etiology, Morbid Anatomy, Diagnosis, Prognosis, Prevention, and Homœopathic Treatment. By Sarat Chandra Ghose, M. D. 66 pages. Cloth. Calcutta: Lahiri & Co. 1901.

This is a book from the home of that dreaded scourge, Asiatic cholera, and by a man who has ample opportunities for studying the disease clinically. It was first published serially in the *Homœopathic World*, and then revised and brought out in book form

in Calcutta. Excess, in Dr. Ghose's opinion, is largely responsible for this disease. "I treated nearly 160 cholera patients last year. The majority of these patients were in the habit of drinking ardent spirits to excess." The book is a valuable and thoroughly homœopathic treatise on the subject.

Libertinism and Marriage. By Dr. Louis Jullien (Paris). Surgeon of Saint-Lazare Prison, Laureate of the Institute of the Academy of Medicine, and the Faculty of Medicine of Paris. Translated by R. B. Douglass. Size of page, 5½ by 7½ inches. Pages v-169. Extra Cloth, $100 net, delivered. Philadelphia: F. A. Davis Company, publishers, 1914–16 Cherry Street.

This book opens with an introduction on professional discretion and is followed by seven chapters on the effects of genorrhœa or blenorrhœa in men and women. A strong book.

Electricity in Medicine and Surgery, Including the X Ray. By William Harvey King, M. D. In two parts. With a Section on Electro-Physiology, by W. Y. Cowl, M. D., Berlin, Germany, and a Section on the Bottini Operation, by Albert Freudenberg, M. D. Berlin, Germany. 296 pages. Cloth, $3.50. New York: Boericke & Runyon Co. 1901.

"To make this treatise a thorough and reliable work on the use of electricity in medicine and surgery has been the one constant aim of the author from the beginning to the finish," writes the author in his preface, and he seems to have succeeded very well as have co-workers from Europe. Printing good and also the binding.

The Medical Directory of New York, New Jersey, and Connecticut. Published by the New York State Medical Association. 55 W. 65th St., New York. Vol. III. 1901. Price, $2.50.

First there is given a street list of physicians in the cities, then an alphabetical list, and a street directory followed by medical laws, hospitals, societies, etc., the whole forming a very complete direcctory of the three states.

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EDITORIAL BREVITIES.

CORRECTION.—In the notices of the new work on Practice in the last number of the RECORDER the author's name was wrongly given; in place of "J" it should have been F. Mortimer Lawrence. The new work will be about completed when this number of the RECORDER is out, and promises to be one of the successes of the season.

A NEW B. & T. PHARMACY.—Messrs. Boericke & Tafel have opened a pharmacy in New York City, at 634 Columbus Ave., near 91st St., making their third pharmacy in that city and the tenth under their management in this country. Needless to add that the new establishment is a thoroughly equipped modern homœopathic pharmacy.

THE CONNECTICUT SOCIETY.—The Connecticut Homœopathic Medical Society will celebrate its fiftieth anniversary of its organization at Hartford on Monday and Tuesday, November 18th and 19, 1901. It is the intention to make this meeting the most important of any in the history of the society. Prominent physicians from New York, Philadelphia, and Boston have agreed to take part in the program.

THE SOUTHERN.—The Southern Homœopathic Medical Association will meet at Atlanta, Ga., on October 22–24. The hostess is Dr. Susan M. Hicks, who will entertain informally at "The Grand." On the evening of the 23d there will be a reception at the Woman's Club Rooms. Dr. A. L. Monroe has charge of Materia Medica; Dr. G. S. Coon, Surgery; Dr. W. L. McCreary, Obstetrics; Dr. Helen Ellis, Pædology; Dr. Lizzie Gray Guthrie,

Gynæcology; Dr. A. N. Ballard, Sanitary Science; Dr. Jesse Mann, Ophthalmology; and Dr. H. R. Stout, of Clinical Medicines. The meeting promises to be very successful.

Treat the Patient.—Be as careful in diagnosis as possible in order to ascertain "the removable causes of disease," but after the diagnosis is made be guided in prescribing by the patient's symptoms. Prescribe for the patient and not for the diagnosed name of the disease; that is the road to success in the cure of disease.

"'The Totality of the Symptoms.'—This is an old shibboleth of our school. Rightly viewed, it is better than a shibboleth, it is a motto for a battle flag. What is the totality of the symptoms? Is it anything less than the grasp of all recognizable subjective and objective signs of disease, and of the causes, natural and artificial, which have combined to produce a given morbid condition? If we rest content in a less comprehensive, a less strenous interpretation of the phrase, we do so without the warrant of Hahnemann."—*Dr. J. P. Sutherland, in Hahn. Monthly.*

Cures of Tuberculosis.—Dr. Mau, whose cases we have been publishing, translated from the German homœopathic journals, is backed up in his estimate of *Tuberculinum* by a Dr. Goetsch, of Slawentzits, Silesia. Dr. Goetsch claims to have cured sixty-five cases of tuberculosis with the remedy, beginning his treatment with doses of 1–10,000 g.m. In every case the tubercle bacilli were found. He gave the remedy by injection, but the potentized drug would probably have acted far better.

Passiflora in Asthma.—*American Medicine* finds *Passiflora in* a good remedy for spasmodic asthma in allaying asthmatic paroxysms and "preventing their full development." It ought to have stated that it was Dr. E. M. Hale, in his book, *New Remedies*, who rescued the drug from oblivion.

Filters.—Better no filters than unclean filters. Ashland, Wisconsin, had a filter in which the sand was not changed for three years; result, typhoid epidemic.

Homœopathy in Europe.—In a letter by Dr. H. Packard to the *New England Medical Gazette* on the state of Homœopathy in Europe, the conclusion is drawn that in France and Italy there is no progress, but in the other nations Homœopathy is more than holding its own. In Germany there are about 400 professed homœopaths and an equal number who practice it quietly yet main-

tain their affiliation with the old school. This also is largely the case in Austria.

Are Tumors Curable?—The *Medical Record*, anent Burnett's *Curability of Tumours by Medicine*, says: "We may take it for an assured fact that no internal medication has any effect upon an already existing carcinoma in the human body, and as this volume maintains the contrary nothing further need be said." The question is, Is it an "assured fact?"

Air Promoters.—Dr. H. H. Wilson is reported to have said at a meeting in Milwaukee (*Med. Record*): "The claims made by promoters of certain health resorts that the richness of the air in ozone, the resinous gases from the pines, the peculiar purity of the atmosphere in a particular locality, or the elevation or aridity of the air act as specifics in certain diseases are not generally based on scientific investigation, but h ve their origin in the fertile brain of the advertisement writer."

Imported Malaria.—Dr. W. S. Abbott, in the Annual Report of the Massachusetts State Board of Health, finds that malaria is imported into that State by Italian laborers who were engaged in digging roads, sewers, etc. In other days it was believed that any extensive digging of the earth would cause "chills and fever."

Tuberculinum.—E. A. Heath, M. D., in a letter to *Homœopathic World*, Sept., says that the *Tuberculinum* used by Dr. Mau, of Keil, is the same as the *Bacillinum* used by Burnett.

Odors in Disease.—The striking paper under this heading that appeared in the June *Recorder*, from the pen of Dr. W. B. Clarke, was translated in Russian and published in the *Journal of Homœopathic Medicine*, of Kharkoff. A number of the leading dailies of the United States gave it prominence.

Tinctures from Dried Plants.—Read the paper in this *Recorder*, translated from No. 1, Volume 1, of the new German Journal, *Zeitschrift fuer Hom. Pharmacie*, and you will, if you value your success in practice, have nothing to do with fluid extracts in homœopathic prescribing, or with the cheap "tinctures" made from those extracts with which the market is flooded. It is an interesting and a timely paper.

Request.—Readers of the Recorder are requested to send in news items, such as removals of physicians, meetings of societies,

new locations, marriages, deaths, and any other items of general interest to the profession.

Small-Pox.—The epidemic that has been creeping over the United States since the Spanish war has finally reached Philadelphia. The cases are mild and the fear of the disease is more to be dreaded than the actual disease itself. A patient allowed to remain in his own home has little to fear, but if forced from his bed and carted through the streets to the unknown "pest-house" the consequences are to be dreaded. The disease seems to be quite indifferent to vaccination.

Refused to Go.—Mr. Lewis Hitt, of Frankford, Philadelphia, contracted small-pox in September. The usual notification was given and the Board of Health's wagon appeared to take him to the pest-house. Under the advice of his physician, Dr. R. Bruce Burns, he refused to go, and the door was locked in the face of those who sought to remove him. The police were appealed to but refused to take any hand in the matter. Dr. Burns said he was receiving the best of care, far better than he would in the pest-house; that every precaution had been taken in the way of isolation, and would advise "the most violent means to keep the patient at home." The patient and the plucky doctor have, we believe, the majority of the people with them, for no one wants to go to the pest-house.

Beauties of Inoculation. — Under the heading, "Deadly Vaccine Points," the *Indianapolis Sentinel* publishes the following: Chicago, Sept. 22d, dairymen near Barrington, thirty miles northwest of Chicago, are in a panic over the fatal results of using poisonous vaccine points for the prevention of anthrax. Cows are dying by the hundred, and fear is expressed that the poison in the vaccine is contagious and that the disease is likely to spread over the entire northern end of the State if some radical action shall not be quickly taken. As a precaution, all the carcasses are gathered into heaps and burned, but the farmers say that the sick cattle have run through bushes and rubbed against fences, thus spreading the infection in every field of the dairy district. The state officials have begun action to prevent further danger from a spreading of the disease.

A New Homœopathic Journal.—*The Medical Magazine*, volume I, number 1, Sept. 15, 1901, is the name of the last one.

It is edited by Drs. Harvey B. Dale and Filip A. Forsbeck. Published at 121 Wisconsin St., Milwaukee, Wis. We hope that the newcomer may live long and prosper.

After-Effects of Vaccination.—A well known Philadelphia homœopathic physician, Dr. Allen, of Frankford, who has been in practice over thirty years told us that in his experience every child that died of diphtheria had been vaccinated, while he could not recall a case of an unvaccinated child dying of that disease, and when attacked they always had it in the mildest form. He had made a special study of this while charity physician in one of the districts of Philadelphia some years ago. Has any one else observed this?

Avena in Colds.—Dr. N. R. Simmons finds that *Avena sativa* in twenty to thirty drop doses is the best thing he ever found to break up a common "cold."

X^{0}R.—Several physicians have asked what the "X^{0}R" means, to be found on pages 25 and 26 of the Boger translation of the Bœnninghausen *Repertory of the antipsorics* published last year. These symbols occur only on the two pages mentioned above, which are devoted to "Intercurrent Remedies in Chronic Diseases." Here is an instance from p. 26. "Hernia, descended, generally *Nux v.* X^{0}R." The matter was referred to Dr Boger, the translator, who replies: "By referring to the 'Introduction' to the 'Antipsoric Repertory' by Hahnemann, and to pp. 132, 150, 232 and 721 of the *Chronic Diseases*, you will see that X generally, and Xo occasionally, were used to designate what we now call the 30th centesimal potency. On page 32 of *Chronic Diseases* we find the original source of Bœnninghausen's 'Intercurrent Remedies;' it will be observed that no potencies are mentioned on that page, so that the 'XoR' is the author's own suggestion except in the case of *Ipecac.* Just what he meant by the 'R' must remain a matter of speculation as in no place in the original is an explanation vouchsafed." Does any reader know?

D. T. Cases.—A French writer, Salvant, in *Thèse de Paris*, claims that a cold bath will stop a case of delirium tremens quicker than anything else. "The temperature being reduced, the motor and sensory hyperexcitability usually disappear." Where there is heart disease, however, the treatment is contraindicated.

Cedron in Yellow Fever.—Dr. Hodgson in report to Surgeon General says that he used the tincture of *Cedron* in yellow fever with the most satisfactory results. He used the tincture hypodermically 20 minims three times a day. Not a case so treated died. He says that the *Cedron* is also "a specific" for bites of insects, and is used for that purpose in Central and South America. *Cedron* is known in Homœopathy as a remedy for malaria of a certain character, and Dr. Hodson says "yellow fever and malaria are so similar that it is not reasonable to suppose that the remedies should be radically different."

The Next Morning.—*Medical Talk* gets off the following and calls it a "Bombay Oyster." It is used after one has had too good a time the night before: "To such people a Bombay oyster is not only food but medicine. The Bombay oyster is prepared as follows: Take a fresh egg and break it whole into a glass; add a teaspoonful of vinegar, salt and pepper; stir thoroughly; drink. This is almost sure to set well on the stomach and furnish as much nourishment as the ordinary breakfast. Not only this but it puts the stomach into good condition for dinner and generally clears away what little headache may be lingering near."

TEXAS HOMŒOPATHIC MEDICAL ASSOCIATION.

Gainesville, Texas, Sept. 10, 1901.

To the Homœopathic Profession of Texas and the Southwest:

The eighteenth session of the Texas Homœopathic Medical Association is hereby called to meet in the parlors of the Oriental Hotel, at Dallas, Texas, at 10 A. M., October 8 and 9, 1901. All members are urged to attend. All homœopathic physicians in Texas and neighboring States are cordially invited to be present and to become members of the Association. For particulars address the secretary.

I. C. West, M. D.,
President.

Hunter B. Stiles, M. D.,
Secretary.

PERSONALS.

The latest is not necessarily the best.

Mr. Dooley doesn't like Buffalo for making light of Niagara.

Dr. R. E. Dudgeon's address now is 22 Carlton Hill, St. John's Wood, London, N. W., England.

The New York City Board of Health have made malaria a notifiable disease and must be reported "as is done in the case of other infectious diseases."

No, Mary, the fact of your having checks remaining in your check-book does not prevent your account from being overdrawn.

Why not change it to, Whom the bacteria love die young?

Figures often lie, especially about the shoulders of men when dressed.

The singular of bees is bee, of cheese—is the same.

Dr. S. C. Whitecomb has removed from Topeka, Kansas, to Farmington, Illinois.

Clara Morris tells of a stage horse so mild and benevolent looking that it was believed he always asked a blessing over his oats

FOR SALE. A $3,000 practice in a live county seat in central Kansas. Only homœopath in the city. Reason for selling, wish to engage in a specialty in larger city. A good physician can make money by taking the practice. For terms, etc., address Kansas, care of HOMŒOPATHIC RECORDER, P. O. Box 921, Philadelphia, Pa.

Wine-colored spots on the skin indicate *Sepia*.

Getting on the trail of a ball-room lady is about as bad as having an Indian get on yours.

Rats spread plague, cats diphtheria, cows tuberculosis, mosquitoes malaria and yellow fever, and flies everything. Dogs must tremble at their turn.

The Premier Congrès Egyptien de Medecine will be held at Caire, Egypt, 10-14th of December, 1902.

Yes, Mary, a love letter is a writ of attachment.

"It is all right to be pretty, but don't find it out."—Geo. Ade.

Dr. R. F. Tousley has removed from Dallas to Lawton, Okla.

The mortality of 25,355 cases of small-pox to May, 1901, was 1.5 per cent. Surely a mild disease to make a fuss over.

The Columbia's the gem of the ocean.

When a widower is looking out for a wife he is not looking out for number one.

The most of us would rather profit by the mistakes of others rather than our own.

Whether it be "firmness" or "stubbornness" depends on whether it be attributed to ourself or the other chap.

THE

HOMŒOPATHIC RECORDER.

VOL. XVI LANCASTER, PA., NOVEMBER, 1901. No. 11

HISTORY OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

By Bushrod W. James, A. M., M. D., LL. D., of Philadelphia, Penna.

The Eighteenth Annual Session.
(Year 1865.)

The eighteenth annual session of the American Institute of Homœopathy was held in Melodeon Hall, Cincinnati, Ohio, being called to order by the President, Dr. E. C. Witherell, on June 7, 1865.

The first order of business, by motion of Dr. D. S. Smith, was the election of the following officers :

President—S. S. Guy, M. D., of Brooklyn ; Vice-President, I. T. Talbot, M. D., of Boston ; General Secretary, G. D. Beebe, M. D., of Chicago ; Provisional Secretary, Wm. Tod Helmuth, M. D., of St. Louis ; Treasurer, D. S. Smith, M. D., of Chicago.

The Treasurer, Dr. C. H. Skiff, having forwarded his Report, it was at once read and referred to the Auditing Committee, Drs. E. B. Thomas, Wm. Tod Helmuth, C. A. Dake, G. W. Bigler and Benjamin Ehrman, who, upon examination, found it to be correct, when the report was accepted.

Dr. Wm. Tod Helmuth reported for himself and Dr. T. P. Wilson as delegates from the Western Institute of Homœopathy, stating that the work of that Society was going on successfully, and that the members of this Institute were invited to be present at its next meeting, when matters of great interest would be submitted for discussion. The report was accepted and the delegates invited to take seats with the Institute members.

Dr. I. T. Talbot asked to be permitted to submit a plan for the reorganization of the Institute. He thought it was necessary for

the sake of adding to the usefulness of the Society as a national body. He proposed: 1st, A Bureau on Materia Medica, 2d, A Bureau on Clinical Medicine and Zymoses, 3d, A Bureau on Organization and Statistics, to keep a record of the names of all Homœopathists in the United States, together with lists of Medical Colleges, Societies, Hospitals, etc. He also thought that the Institute should have meetings less often, and that the material included in the reports of the bureaus and other scientific papers could be published as the transactions.

Dr. Talbot spoke of the failure of the attempt to have Homœopathy introduced into the army and navy, and attributed it to the lack of organized effort on the part of the profession. He moved that a committee of five be appointed to consider the subject and report at an early meeting of the session in progress.

Dr. D. S. Smith seconded the motion, but hoped nothing would be done to interfere with the present organization. He thought that all the recommendations made by Dr. Talbot could be introduced into the Institute as it stood.

Dr. Talbot's motion was carried, and the President appointed the following five physicians as the proposed committee: Drs. I. T. Talbot, J. P. Dake, E. C. Witherell, Wm. Tod Helmuth, and D. S. Smith.

The Board of Censors, through its Chairman, Dr. G. W. Swazey, reported the names of forty-four candidates for election to membership, as follows:

D. H. Beckwith, M. D., T. P. Wilson, M. D., Cleveland, O.; E. C. Beckwith, M. D., Zanesville, O.; P. Oscar Benson, M. D., Springfield, Mass.; Dr. James Birnsteel, Newton Corners, Mass.; G. S. Blackburn, M. D., Chas. C. Bronson, M. D., T. C. Bradford, M. D., Chas. Cropper, M. D., A. H. Ehrmann, M. D., James M. Fuller, M. D., D. W. Hartshorn, M. D., J. Harpell, M. D., James G. Hunt, M. D., Robert R. Lynde, M. D., Wm. Owens, M. D., and Dr. W. Sturm, of Cincinnati, O.; Wm. J. Blakeley, M. D., Benzinger, Pa.; S. N. Caldwell, M. D., Piqua, O.; J. Q. A. Coffren, M. D., Springdale, Ky.; J. P. H. Frost, M. D., Bangor, Me.; W. B. Garside, M. D., Harrison, O.; Henry Gunkle, M. D., J. Russ Haynes, M. D., Newport, Ky.; O. D. Hamilton, M. D., York, N. Y.; J. R. Harvey, M. D., Thos. Hewitt, M. D., M. W. Wallace, M. D., Allegheny City, Pa.; D. Cowley, M. D., W. R. Childs, M. D., and J. L. Rankin, M. D., Pittsburg, Pa.; F. E. Boericke, M. D., Pusey Wilson,

M. D., Philadelphia, Pa.; H. N. Holland, M. D., Jeffersonville, Ind.; Wm. H. Hunt, M. D., Covington, Ky.; Francis Krebbs, M. D., Boston, Mass.; R. B. Rush, M. D., Salem, O.; A. Shepard, M. D., Springdale, O.; Charles Sumner, M. D., T. C. White, M. D., Rochester, N. Y.; W. Webster, M. D., Dayton, O.; Chas. Woodhouse, M. D., Plainfield, Ill.; E. M. Hale, M. D., and E. Kneipcke, M. D., Chicago, Ill.

The credentials of delegates were next offered :

Drs. B. De Gersdorf, J. H. Pulte and E. Kneipcke, from the German National Homœopathic Medical Association ; Drs. O. D. Hamilton and H. Robinson, from the New York Homœopathic Medical Society ; Drs. E. M. Hale and E. Kneipcke, from the Illinois Homœopathic Medical Society, and Dr. Pusey Wilson, from the Homœopathic Medical College, of Pennsylvania.

The following resolution was offered by Dr. G. W. Swazey :

"*Resolved*, That the American Institute invite all bodies of Homœopathic Physicians to send delegates to its meetings," and after being considered by the Committee on Reorganization, was adopted.

It was announced by the Committee of Arrangements, that after the annual address in the evening by Dr. W. W. Rodman there would be a collation served to the members and their ladies at the St. Nicholas Hotel.

At half-past two the afternoon meeting was called to order by the new President, Dr. S. S. Guy.

On motion of Dr. Swazey, the correction of the roll of members was submitted to a committee consisting of Drs. I. T. Talbot, W. W. Rodman, J. Blakeley, J. P. Dake, Charles Cropper, D. S. Smith, F. Woodruff and Wm. T. Helmuth, who were expected to report a corrected list on the following day.

Dr. J. P. Dake moved that at the same time obituary notices should be reported of the members deceased during the year. Carried.

Dr. C. Neidhard presented a report on "Whooping Cough," which was read by General Secretary Dr. G. D. Beebe, and referred to the Publishing Committee.

Additional time was granted R. Ludlam, M. D., Committee on "Tabes Mesenterica," and W. E. Payne, M. D., Committee on "Diabetes," to prepare their reports.

The report of Dr. W. E. Payne, giving a fragmentary proving of "Saponaria Officinalis," and recommending the proving of

attenuated or potentized drugs, was referred to the committee for publication.

The paper was discussed by Drs. T. P. Wilson, W. T. Helmuth, J. P. Dake, E. M. Hale, and I. T. Talbot. The report of the Homœopathic Medical Society of Connecticut was read by Provisional Secretary Dr. W. T. Helmuth, and also referred for publication.

The report of the Homœopathic Medical Society of Massachusetts was presented by Dr. I. T. Talbot, who also presented a paper on "Homœopathic Pharmacy," by Dr. H. L. Chase.

The paper was discussed by Drs. G. D. Beebe, R. Ludlam, D. S. Smith, S. S. Guy, E. M. Hale, I. T. Talbot, C. H. Beckwith, G. W. Swazey, and F. Woodruff, all of whom had some complaint to make upon the imperfect and careless manner in which drugs were handled. Dr. Ludlam was loud in his defense of the Chicago Pharmacy, but he was compelled to yield to the many proofs offered by the speakers of its deficiency in the proper preparation and distribution of our drugs. The papers were referred to the Publishing Committee.

Dr. J. P. Dake offered the following resolution, which was adopted:

"*Resolved*, That while the special object of our Society pertains to the health of mankind, we cannot quietly meet again for the transaction of our usual business without expressing our satisfaction and thankfulness to Almighy God for the suppression of the late dire Rebellion and the restoration of peace, with the prospect of a yet nobler and greater prosperity than before enjoyed."

Dr. J. P. Dake read a report from Dr. T S. Verdi, of Washington, D. C., in which was described an apparatus used by him in treating Secretary Seward, who had a fractured jaw.

The General Secretary read a report from the Homœopathic Infirmary of Philadelphia, submitted by Dr. Bushrod W. James, surgeon in charge.

Both reports were referred to the Publishing Committee.

Mr. Bartlett, agent for the Wine Growers' Association, sent an invitation to the members of the Institute to visit the sales rooms of the Association and test the samples of native wines which were prepared for medicinal use, which invitation was accepted.

At 8 o'clock P. M. the members assembled to hear the annual address.

Dr. W. W. Rodman began his address by making a brief

reference to the sad occurrences that had suspended the meetings of the Institute for five years, and expressed thankfulness to God for the restoration of peace and the pleasure of again meeting as brothers our colleagues from all parts of the United States. He said peace had its struggles as well as war; that there was still a conflict waging in which the Institute must take its part valiantly, for in the period of transition medicine was bound to have its place. The revolution was even then going on, and he asked his brother physicians to stand fast during the contest and estimate the true place of the profession during the epoch. "Our position with the duties which spring from it" was the theme of his address. He divided the subject into three headings Pathology, Materia Medica, and Therapeutics, and said that in each, homœopaths claimed to be right, but were said to be wrong. Pathology, which ascertains the seat of disease, its nature, its laws, and the changes it produces, should be known and be made available in practice. This the homœopath learns and follows it by finding not only these traits, but the organ affected and the tissues of that organ involved in the trouble. He not only learns these, but observes every minute symptom, every slight variation of the healthy structure. Nothing is too small for the true homœopath to note while diagnosing a case and prescribing its consistent remedy. Therefore, a faithful practitioner of Hahnemann's doctrine must be versed in the pathology of diseases. He will not place effects and call them causes; he will not treat partial symptoms for the true disease. Dr. Rodman said it is true in some minor topics that homœopaths do not thoroughly agree, but thought it was not necessary to quarrel about these matters until it was fully proven that it was best for all men to find and conform to one settled opinion as if modelled from one common pattern.

With regard to Materia Medica, Dr. Rodman considered this one of the most assailable points in Homœopathy. To the new school the phenomena elicited by experiments on healthy persons is placed among the natural sciences, which honor God's creative goodness and man's faithful industry; while to the old school they seem irrelevant, absurd. The one searches for truth from every available source, deeming nothing too small for consideration; the other overlooks these items as unnecessary waste of time.

Dr. Rodman said that the study of Materia Medica had been recommended and undertaken by the dominant school, but the

new was the one to take the drugs and test them thoroughly upon healthy systems until their true worth was fully established. Even old school professors acknowledged, after years of dispute, that the homœopathic method of proving was the only means of ascertaining the pure pathogenetic effects of medicine. He spoke of therapeutics and of the advance Homœopathy had already made against blood-letting, purging, and irritating applications. He did not claim that Homœopathy had reached perfection in therapeutics, but he knew that it had opened a field of investigation to the old as well as the new school of practice. As yet, the speaker said, we know little of the modus operandi of medicines, or why the different remedies are rejected or assimilated by the various organs, but we do know that the conditions do exist and that the art of medicine assists nature to restore diseased tissue to normal health. By noting the effect of drugs upon organs and tissues we obtain the pathogenesis of the remedies, and we know upon what to depend for the treatment of diseases, and are always afterwards sure of the remedy required by the same set of symptoms. The aim of Homœopathy is to find the remedies which will aid nature in producing curative reactions without diverting them into other channels. Remedies that will act in perfect harmony with nature, and in doses so small as to make no difference in its functions. Some people regard this principle as altogether true, others refute its power entirely but the object of the Institute must be to establish it as a fact and prove it by every means in faithful practice.

Dr. Rodman thought that future examination would prove that there was a certain affinity between the two schools that would one day draw them closer when Homœopathy had still further proved its truth. To sustain his argument he quoted from the writings of old school physicians as they describe the properties of narcotics and other medicines, while they state that the very remedy employed by Homœopathy in the cure of disease is announced by the other school as decidedly dangerous in such disease.

The principle of similars is the contention between the schools, and it is this principle that we must establish irrefutably. Homœopaths may differ in dilutions, but the real truth sought is what remedy is most efficacious, not what dilution we shall use. Our opponents discuss the peculiar action of drugs as proven by our doctrine, but when our proofs are promulgated they are rejected. Thus it is shown that there is yet a greater struggle for Homœopathy if it would take its place as a true science. Our

first struggle was for existence, then for equality, soon it will be for supremacy. To obtain this there must be perfect union in the profession, courtesy and forbearance to our enemies, modest in our claims, and a knowledge that we may not claim infallibility in opinions or faultless utterances in our speech. Dr. Rodman closed by saying we have received much from the old school, and if they do not willingly accept the improvements that we offer let us patiently pursue our own course, and let our successes prove our doctrine.

We should not antagonize our enemies, but maintain toward them a courteous demeanor, and work faithfully in developing our beloved Homœopathy. We cannot all do everything, but each can do his part, and in the end there will be a grand total of facts that cannot be repudiated. We should be ready to accept truth from whatever source it appears, for one truth can never injure another, and, above all things, honorable, amicable conduct should mark every one's demeanor to his fellow practitioners of either school, never refusing tolerance to different opinions in or out of our own ranks.

The Institute met at 9 o'clock on the morning of June 8 for its second day's session, and was called to order by the President, Dr. S. S. Guy.

The first business of the day was the reading of a Report from the Northern Home for Friendless Children in Philadelphia, which had been prepared by Dr. Bushrod W. James. He stated that he had been connected with the Institution from 1859 until 1864, when the Board of Managers saw proper to return to allopathic treatment. Dr. James reported the prevalence of a very aggravated epidemic of Egyptian Ophthalmia during his service in the Home. The number afflicted with the disease was 561 of whom he succeeded in curing 541, the other 20 being relieved; but predisposition to scrofulous or other such maladies prevented perfect cure, though not one case resulted in blindness.

During Dr. James's service at the Home there were 1,599 inmates, of whom 16 died. Under allopathic government there were 16 deaths out of a total of 794 inmates. The space of time occupied in the charge of the Institution by allopathic physicians was 4¼ years, while Homœopathy was administered during 7½ years. Dr. James, therefore, treated an excess of 805 cases, losing by death only the same number as the old school practice. A grand showing in favor of Homœopathy.

S. R. Beckwith, M. D., presented a paper on "Compound Dislocations of Long Bones." Wm Tod Helmuth, M. D., read a practical paper on "Surgery," and exhibited specimens of fibroid polypi of the uterus, and also plates of a congenital hypertrophy of the tongue, which he had extirpated with the ecraseur.

E. M. Hale, M. D., presented a paper on "Medico-Botanical Study." J. P. Dake, M. D., thought the government, in making appropriations of land, might present some land for the establishment of an institution for the trial of remedies, but no action was taken.

Dr. G. W. Swazey offered the following, which was adopted:

"*Resolved*, That the thanks of the Institute be presented to Mr. Bartlett, agent of the Wine Growers' Association, for his courtesy to its members."

Dr. E. C. Witherell offered this resolution:

"*Resolved*, That we, the members of the American Institute here present, respectfully offer to Adolph Bauer, M. D., in his present affliction, our cordial sympathy and our earnest wishes for his speedy recovery and restoration to usefulness." Adopted.

Dr. E. M. Hale offered a resolution relating to obtaining information from the Pharmacies in the several states concerning the preparation of drugs, and the sources from which the vegetables and minerals were obtained. This resolution was discussed by Drs. T. P. Wilson, J. H. Pulte, J. K. Clarke, S. S. Guy, G. W. Swazey and C. H. Beckwith.

On motion of Dr. J. P. Dake, the subject was laid on the table.

The afternoon meeting was called to order by President S. S. Guy, M. D., who called J. Beakley, M. D., to the chair.

Dr. I. T. Talbot presented a report, which was accepted for consideration: That Article IV. of the Constitution be so amended as to read, "At all meetings of the Institute members shall be entitled to seats, but all the deliberations and transactions shall be conducted by delegates appointed in accordance with its By-Laws."

G. D. Beebe, M. D., opposed the amendment, and moved that it be laid on the table. The President resumed the chair, but refused Dr. Beebe's appeal.

A motion to alter Article I. of the By-Laws was rejected, but the following amendments were at once adopted:

Article II. The officers shall be elected at each session by ballot, and shall remain in office until others are chosen.

Article III. The President shall preside at the meetings of the Institute, preserve order therein, put all questions, announce all decisions, and appoint the committees not otherwise ordered.

Article IV. The Vice-President shall assist the President, and in his absence perform his duties.

Article V. The General Secretary shall keep a record, etc.

Article VI. The Provisional Secretary shall assist the General Secretary, and in his absence perform his duties.

Article VII. The Treasurer shall collect all moneys belonging to the Institute, make all necessary disbursements, and report annually in writing.

Article VIII. At each session of the Institute there shall be elected by ballot a board of five Censors, who shall receive and examine credentials of candidates and report to the Institute for election such as may be found properly qualified.

Article IX. to remain as Article VIII. printed.

Article X., Section I. There shall be a Bureau of Homœopathic Materia Medica, Pharmacy, and Provings, which shall obtain facts relating to the Materia Medica and Pharmacy, and Institutes, and collect and arrange provings of drugs.

Section 2. There shall be a Bureau of Clinical Medicine and Zymoses, which shall collect facts relating to clinical medicine generally, and especially to any endemic or epidemic diseases which may exist in the country.

Section 3. There shall be a Bureau of Surgery, which shall collect all improvements in surgery and surgical means, especially in its connection with homœopathic treatment.

Section 4. There shall be a Bureau of Homœopathic Organization, Registration, and Statistics, which shall keep a register of all homœopathic physicians, or those who claim to be such, in the United States, distinguishing those who are members of the Institute, and also members of State Societies; prepare a list of all State and local societies, colleges, hospitals, dispensaries, and journals with their organization, and collect any statistics regarding homœopathy, its status and progress.

Each of these bureaus shall consist of five members appointed by the President, and if any member of either bureau shall resign or decline to serve, the President shall fill the vacancy and notify the General Secretary of the fact.

Each Bureau shall report its progress to the General Secretary

every six months, and make a full report to the Institute at its annual sessions.

The amendments for Article XXI were laid on the table, and other Articles remained as printed.

Dr. D. Cowley presented a report of the Homœopathic Medical Society of Allegheny county, Pa., which was referred to the Publishing Committee.

Dr. O. D. Hamilton offered the following:

"*Resolved*, That the practice of procuring virus, for vaccination, from the human body is reprehensible, and should be utterly abandoned by the profession." He was named by the President as a committee of one to consider and report on the resolution at the next meeting.

The Committee on Re-organization reported favorably on the resolution referred to it, namely:

"*Resolved*, That the American Institute invites all bodies of homœopathic physicians to send delegates to its meetings."

It was, therefore, adopted.

After some consultation it was decided that the Institute should hold its next session in Pittsburg, Pa., on the first Wednesday in June, 1866.

On motion of Dr. J. Beakley, it was decided to publish five thousand copies of Dr. Rodman's address for general circulation.

Dr. G. D. Beebe, General Secretary, read a memorial from Carroll Dunham, M. D., which embodied a protest of the German Homœopathic press against a spurious edition of "Hahnemann's Organon," which had been recently issued.

The Faculty of the Homœopathic Medical College of Pennsylvania also presented a protest against its translation or publication. Both protests were fully endorsed by the Institute, and the papers were referred to the Publishing Committee.

Dr. G. W. Swazey moved to amend the resolution of 1857 by inserting after the words "advanced age" the words "or other causes of honorable mention," and to strike out the word "honorary." The amendment was adopted.

On motion of Dr. I. T. Talbot, Brigadier General Edward A. Wild, of Massachusetts, who served with particular courage and patriotism in the Civil War, was transferred to the honorary list of members of the Institute.

President S. S. Guy, M. D., then announced the appointments of the Bureaus:

Materia Medica and Pharmacy.—Constantine Hering, M. D., W. E. Payne, M. D., Walter Williamson, M. D., E. M. Hale, M. D., and H. L. Chase, M. D.

Clinical Medicine and Zymoses—H. D. Paine, M. D., J. P. Dake, M. D., R. Ludlam, M. D., E. C. Witherell, M. D., and B. F. Finke, M. D.

Surgery—Wm. Tod Helmuth, M. D., G. D. Beebe, M. D., J. Beakley, M. D., S. R. Beckwith, M. D., and Pusey Wilson, M. D.

Homœopathic Organizations and Statistics.—I. T. Talbot, M. D., H. M. Smith, M. D., H. M. Paine, M. D., G. E. Shipman, M. D., and J. S. Douglas, M. D.

William Tod Helmuth, M. D., was appointed by the President to act as orator for the next meeting, with Pusey Wilson, M. D., as his alternate.

Dr. Guy also appointed M. Cote, M. D., J. C. Burgher, M. D., J. T. Cooper, M. D., D. Cowley, M. D., and H. H. Hoffman, M. D., as the Committee of Arrangements for the next meeting.

Dr. E. C. Witherell presented a paper from a committee of the New York State Society on the "Uniformity of Drug Proving," which was referred to the Publishing Committee.

The following resolution, offered by Dr. G. W. Swazey, was adopted:

That a vote of thanks be presented to the Committee of Arrangements and the physicians of Cincinnati for the splendid entertainment of the members.

The President expressed his thanks for the courteous way in which the members had acted toward himself, and for the harmonious manner in which the whole session had been conducted.

The Institute moved and carried a vote of thanks to Dr. S. S. Guy for the manner in which he had presided over the sessions, and one to Dr. G. D. Beebe for the services rendered by him as General Secretary during the meeting.

The thanks of the Institute were also tendered to the Cincinnati papers for publishing the proceedings of the meeting.

On motion the Institute adjourned until the next Annual Session to be held in Pittsburg in 1866.

THE TREATMENT OF CANCER WITH HOMŒOPATHIC MEDICINE.

By J. H. Peterman, M. D.

Mr. President and members of the Association, I very respectfully present to you the practical results of homœopathic treatment of ten cases of different varieties of cancer treated by me in the last thirty years.

Case 1. Mr. J. F. B., of 28 years, came to me with epithelioma on left side of face (nose). His father had died with the same disease at Paris, France. He had come from England to New Orleans; there the disease made its appearance. He returned to England, was treated, returned free of it. Seven years after that it reappeared on the same spot, when he came under my care in Marshall, Texas, from March till September, was cured by me, has remained well now, over 28 years.

Remedies, *Conium mac.* 30, *Carbo an.* 30, *Sil* 30, *Phos.* No external treatment was used.

Case 2. Mrs. McK., of 25 years, came to Marshall, Texas, 10 years ago; had been under treatment for 4 years for diseased womb, was not expected to live but a few weeks. I found her cold, almost pulseless, not able to be up or turn in bed, breathing with great difficulty. Began with *Carbo veg.* In 3 weeks she could sit up some, took regular nourishment, bowels which had been uncontrollable had ceased to give tronble. I found an enlarged fibrous womb, excessive acrid discharge, menstruation very irregular. Diagnosis scirrhus. She was treated for 2 years, when she had gained 17 pounds; the former cachectic condition had entirely disappeared; menstruation normal; was doing her housework and attended church and entertainments and trips in the country. Six months after that she began to suffer severely with her liver, a very painful enlargment; the former cachectic condition reappeared. Diagnosis, scirrhus of liver; the same treatment with *Sep.*, *Carbo an.* and *veg.*, *Phos.* and *Ars.* 30; in one year she was well of that; 3 months after a cancerous, brown looking ulcer appeared on left elbow; discharge acrid and steadily increasing. *Ars.* 30 and *Calendula* 3x, internally and externally, ϑ 1 part to 4 of distilled water, healed the sore in 3 months; since that no more trouble; now about 8 years.

Case 3. Mrs. P., of Marshall, Texas, of 32 years, had been married 6 years; under treatment most of the time; mother died with scirrhus. When she came to me I diagnosed carcinoma; womb hard as wood and puckered, external os ulcerated, retroflexion, womb bound down by adhesions, fundus enlarged, rectum involved, no stool except by enemata and mechanical aid, and then with considerable mucus and blood. Three nodules in left breast half inch in diameter, axillary glands enlarged and indurated. In 4 months the glandular trouble had disappeared, mostly under *Hep. s.*, constipation yielded to the galvanic current, womb became soft and more erect, menstruation is now normal. Six months after this, about one year after beginning of treatment, the liver showed the same condition as in the patient in Case 2, left upper lobe of lung became dull and painful, patient began to cough, throat showed signs of infiltration. All of this has now disappeared. After 4 years she is doing her housework, and is a healthy looking woman.

Remedies, *Sepia.* 30, *Hep. Sul.* 5x, *Calc.* 30, *Phos.* 30, *Thuja* 200 and 3x, externally application, θ 1 to 4 parts of distilled water.

Case 4. Mrs K., sister of former, 34 years of age, had carcinoma in left iliac region the shape and size of a pear; discharge acrid, very painful, general health failing, being before a very healthy woman; mother of 4 healthy children.

Remedies, *Ars.* 12x, *Calc. ostr.* 30, *Phos.* 6x, 12x, *Sil.* 30, *Lyc.* 30.

Case 5. Mrs. Joe W. came to me with a very troublesome cough that yielded to *Bry.* and *Ignatia.* I was then entrusted with further details of her condition. She had in 7 years undergone 3 operations, including curretting, narrowing of vagina, dilation of os, treatment for retroflexion, wore a slim pessary for prolapses, almost unbearable to her. I found womb anteverted, os hard and uneven, and extremely painful, also vagina, irregular stools and scanty menstruation. She said she knew she had cancer. She had the cachectic appearance of cancer patients, could not leave the house. I diagnosed carcinoma of os, began treatment, and in one year she was a picture of health; fear she will be too fleshy.

Remedies, *Sep.*, *Phos.*, *Ars.*, *Lyc.*, *Sil.*, *Hydr.*, *Natr. mur.* and *Natr. sul.* intercurrently; also, *Calendula* lotion per vaginam.

Case 6. Mrs. S., of 45 years, had one epithelioma extirpated on the left side of face; it reappeared in 2 years in the vagina, cauterization and other means were employed; it disappeared, but returned in 2 years in the same place. Came under my treatment. I employed *Causticum* 30 for urinary difficulties, *Calc. ostr.* 30, *Phos.*, *Sil.*, *Thuja* 3x, and *Calendula* for external use. She stayed well 6 years, when she died with typhoid fever.

Case 7. Mrs. B., mulatto, of 42 years, mother of 4 children, had been under treatment of 3 physicians for 2 years; all diagnosed cancer of the womb, but did not give her any relief nor hope. *Peroxide of hydrogen* was used externally; had no effect; the discharge became more and more acrid and of an unbearable odor. I began with *Calendula* Θ for external use and *Calendula* 3x internally, which reduced the protruding fibrous mass where no clitoris, womb, vagina, or vulva could be detected before to a more normal condition. After that I began with *Lapis alba* 6x, internally and externally, in water solution; the effect was wonderful. In 4 months she was doing her housework, and told me she would take in washing for others; would go everywhere, even into the country over 17 miles, returning in 5 days. She wanted to stop treatment then, and died one year after with an abdominal disturbance under the care of another physician.

Case 8. Mrs. W., Marshall, Tex., of 32 years, came to me with a brownish looking ulcer on upper lip; very painful. Her mother had been operated upon for epithelioma of the face. She feared this was the same. I began treatment with well indicated remedies, but in 6 weeks the face up to the eyes and down to the clavicle, involving tongue, was a brownish looking, uneven, swollen mass, threatening suppuration, horrible fœtor; she lived on milk taken with a tube through the opening of a failing tooth. I then began with *Thuja* Θ, 20 drops 4 times a day, and *Thuja* Θ, 1 to 4 parts of water, externally. Improvement began at once, and in 4 months no more was left than a dent the size of a match head on the lip. This was diagnosed by me and two able physicians as the melanotic (black) variety. Three months after this the same trouble broke out on right labia majora; received the same treatment with *Thuja*, and no more has shown since, now over 7 years.

Case 9. Miss F., teacher, in Marshall, of 27 years, had for 11 years a hard nodule under right nipple; when she came it had

begun to enlarge, the axillary glands enlarged, indurated and painful; the right arm so weak that she could not write on the blackboard any more; general health failing. Began with *Phos.*, *Calc. ostr.*, then *Carbo animalis;* under the last remedy the whole mammary gland dwindled away with the tumor; the gland returned slowly to its former size, but the tumor has not. This was, no doubt, scirrhus. Other physicians had advised removal.

Case 10. A case of lupus of nose came under my treatment. It returned 4 times after that; showed up on pylorus, but has disappeared and has not shown up for 2 years.

Remedies, *Con.*, *Carbo an.*, *Rhus*, *Hep. s.*, *Bell.;* when at pylorus *Conium* and *Carbo an.* *Calendula* was employed when on nose externally.

General Remarks.

Cancer needs heroic doses and the patient can stand it. Besides this the Article, Section 36, page 77, in the Organon does not hold good in cancer treatment. A cancer patient will take most any epidemic disease, and is very susceptible to telluric influences. I had to treat grippe, catarrh, diarrhœa, dyspepsia, neuralgia, colds, bronchial and rheumatic attacks, along with the chronic condition, because I found that when I stopped the cancer remedy my patient had become worse after the acute secondary disease. Here is a chance to study the much-disputed alternation of remedies. I also found that women who had a history of cancer in the family and had married men who had had venereal disease before developed cancer at once, and it progressed more rapidly than in other cases where this condition was excluded.

Calendula as an intercurrent or alternated with the main remedy has a remarkable power to produce local exudation, and helps to make the acrid discharge become healthy and free. It is a remedy never to be neglected! The remedies must be selected on the totality of the symptoms, not as cancer remedies only.

All of these cases had able physicians to diagnose before they came to me. I must denounce the assertion of so many of the medical profession, that the best thing in cancer is early extirpation. Cancer is most always a constitutional disease, which is clear by the fact that nearly every cancer returns after first treatment by medicine as after operation, and what to do with it when attacking an internal organ. The totality of the symptoms, the cachexia, the history are the guiding features, not the germ. We

must know what to do before the germ is there, just the same as in phthisis. If cancers can be cured after their return after operation they must always be amenable to treatment and cure, that is common sense; and I will undertake any kind of cancer, and in any stage, and have better results than the surgeon. If too far advanced nothing can save the poor sufferer, but homœopathic treatment can give more relief than anything; and if anyone has witnessed the suffering, the daily dying of a person when the disease comes on again after operation, when a second operation is most always out of the question, and then sees the wonderful effects of our remedies making the patient easy and paving the way to the grave, he must always be in favor of medical treatment all through the disease, and if we would only take this view we would soon know more of the successful treatment of cancer than we do now. "Noli me tangere," the ancients said, and that is as true now as it was then as to cancer.

Ardmore, I. T.

A CALENDULA CASE.

By G. S. Austin, M. D.

I used a mixture of *Succus calendula* and *Glycerine* on a patient who was knocked down by the end of a carriage shaft striking him behind the ear, and then the foot of the horse struck him in the face as he rolled over, the shoe being placed so that it cut all around the eye but did not touch the eye ball, but the force of the blow broke the nose. By the time the patient could be brought to town the face was so badly swollen as to cause the wounds to gape open in a fearful manner. I applied the *Calendulated glycerine*, one part *Glycerine* to two parts *Succus calendula*, warmed by the addition of a little hot water. The carriage went over the man, taking off the skin of the left tibia for about twelve inches, and bruising him in several place; but he was wonderfully preserved from injury in the abdomen. Wherever the skin was broken the *Calendulated glycerine* was applied. The rapid and complete recovery which the man made was a marvel to all who were acquained with the case. There is no disfigurement of the face. The hygroscopic nature of the *Glycerine*, together with the antiseptic and healing properties of the *Calendula*, made a perfect dressing. It was wonderful how quickly the swelling was reduced

by the *Glycerine*, thus affording a free circulation of the blood through the parts which aided the repair process. The surgeon who performed the abdominal operation sent him here for recuperation, and put him in charge of a "regular" physician. That physician could not be found when wanted, and so the patient had advantage of good scientific treatment, which he evidently would not have received if said physician could have been found, for when the patient was well started on the right road to recovery he arrived on the scene and ordered my treatment discontinued, and substituted instead clothes wrung out of ice water. The patient dutifully tried to be obedient to the "*powers that be*," but very soon most vigorously protested against the further application of cold and demanded the reinstatement of the former very agreeable treatment.

The process of repair can only take place by the circulation of the blood through the parts. The cold would drive all circulation out and consequently no repair. When the blood returned after the parts got warm again there would exist a paralyzed condition of the nerves of the part and consequent hyperæmia and inflammation. How much the world is blest by Homœopathy they do not realize. How much we owe Samuel Hahnemann!

I find a great many uses for the above-mentioned mixture. Using it now on a carbuncle. Been using it for some time in a case of chronic inflammation of pelvic organs—used externally. It is a great help to internal treatment by mouth.

Nantucket, Mass.

CHEMISTS AND PHYSICIANS.

My Dear Classmate: I trust you were not too greatly shocked at the plain words in my last letter. To my mind it seems evident that unless the members of the medical profession assert the right to run their own business the time is soon coming when the doctor will be dominated by the pharmaceutical chemist no less completely than the white slaves of the mills are dominated to-day by those colossal homunculæ—Carnegie, Morgan, Schwab *et al.*

Now let us discuss the matter temperately, logically. Is there any real reason for the advent of the pharmaceutical chemist? Is the theory of Hoffmann, of Westphalia, by them revived, the

right one? Is it only sepsis and anti-sepsis in the functions of the body? Is the body only a laboratory, according to the chemical system of Voit? Are we but machines to be stoked, and greased, and polished? If yes, then Mr. Pharmaceutical Chemist may set up his corporeal retort, known as the human body; he may give his acids to neutralize his alkalies, his alkalies to circumvent his acids, or, he may set up inside this long suffering organism known as man his proteids and solvents, his digestives, and his antipyretics, and start a molecular warfare of chemicals, while the unsophisticated Nerve Force looks on in wonder.

But as an humble healer, who believes the simple and the certain law of Similia is the only real law of cure, I venture to assert that the above fanciful pyrotechnics of so-called science are not true; and that their action in the body does irreparable future harm to the human economy. I assert that this chemical system, so fashionable at present, and whose corner-stone is coal tar, is a fallacy—that it is pseudo-science that the chemists preach. And I assert that there is more in life than matter. That the house of the soul was never intended for an experimental station for chemists. I assert that the vital spark or soul or life force has never been seen by the microscope, and that the equilibrium between health and disease is balanced by daintier methods than those of the synthetic chemist.

And I aver that this vital spark or nerve force will surely sometime rebel at this harlequin intrusion within its kingdom, and will leave its desecrated dwelling place; then the man retort will "die" and the experimental chemists and lazy doctors (not true physicians) will call the cause of death—heart failure.

And now let us look calmly at this expanding balloon-bubble known as synthetic chemistry. O, it floats now as gracefully as ivory soap and the sunshine of medical favor brings out its many rainbow colors. But will it bear the X-Ray of science, the real science, the science that knows, the scio? Aye, masters, there's the rub!

Now one of the many remarkable things to be noted in the era of the pharmaceutical chemist is the euphony of his nomenclature. It is seldom that one finds such fertility of the imagination. How happy the reason for the names! Like card houses—card upon card; by the laws of orthography, root upon root, branch upon branch; all strictly scientific! And how Old Sam, the dictionary maker, would have revelled in these word roots!

It reminds one of the endless chain of the biblical genealogy that we listened to in childhood, where every other word was begat. Dear, yes, these names have a reason; the name of principle after principle is hitched to the root name until we have a word whose length rivals the serpent of the sea. But does this long drawn out name mean anything? There's the rub, my masters!

Are the chemical products of the coal tar so largely advertised and so lavishly manufactured by the pharmaceutical chemist of any practical and permanent value in the healing of the sick? Or, do they not rather work positive harm? Is there any real reason for their existence aside from the wish of the pharmaceutical chemist for gold and notoriety? For unless there is real value in these bizarre products of analytic ingenuity, and unless it can be clearly shown that we can control their action in the body, it seems far from wise to prescribe them as lavishly and carelessly as our grip-sack friends recommend. For all substances not necessary to the nutrition of the body must be physiological irritants, and hence to be used carefully as the poisons they undoubtedly are.

There is nothing scientific in the modern craze for the elaboration of coal tar extracts, this multiplication of active principles so-called. There can be no wisdom in their use until their actual effects on the economy have been discovered.

There is little of real value to the conscientious physician in the booklets and pamphlets of sophistical medical description and assertion that always accompany the cure-all samples.

To the real physician (not the commercial doctor), the old family doctor, who has known many of his patients from childhood, who has doctored the children of some of his babies, who is the friend as well as doctor, the rigid professional rule must ever be: The best welfare of the patient. His treatment must include that method that will heal quickest, easiest, and without leaving after-trouble. Not—what is easiest for the doctor, not the number of dollars to be made out of the case. The commercial physician will look after that sort of medical business.

You know, and I know, my friend, that the only right and careful way to be certain of the effects of drugs upon the organism is to give the drug or poison to the healthy and to watch its effects. It may be admitted that all drugs are poisonous to the body in a greater or less degree, inasmuch as they are not needful

in nutrition. A chemical compound can not be a food. Now if we wish to see what stimulating or irritating effect any poison, patent nostrum, synthetic extract, plain mineral or vegetable poison can have upon the body we can only reach that knowledge by proving its effects upon the healthy body. We can not determine its effects by giving it to the sick; for we do not know which are disease and which drug symptoms.

And you know, and I know, my friend, that all the medical knowledge of any real value we have in regard to drug action has resulted from drug experiments upon healthy man and animals. And you cannot tell what effect a poison will have on a man by its action on an animal.

There is a growing idea among a certain class of physicians, usually the young ones, that the old-fashioned doctor who looks with doubt on the many new fangled fads of the synthetic chemist, the wonderful (?) discoveries in germs and bacteriæ, is behind the times. He is a back number because he waits to see these discoveries proven before falling down in worship before them It would be well for these super-refined, double-plated, up-to-date physicians to take heed to the biblical advice: Prove all things, hold fast to that which is good. Let us as a profession not be too much in a hurry to adopt Seng, and Cerevisine, and Acetophenone, and Phenalgin, and Tritipalm, and Phenylmethylketone, and Tongaline and Phenacetin, and Fermong, and Urotropin, and Aminoform, and Pilocarpine, and Thermol, and all the rest of the stuff because the grip-sack man tells us: My dear doctor, it is just the thing for you; it is of great value; it soothes and lulls and raises your patient to the seventh heaven of quick recovery. Let us first be very sure that the old, everyday *Aconite*, or *Bryonia*, or *Belladonna*, or *Pulsatilla*, or *Sulphur* of Hahnemann, whose action we are sure of, will not do it in as fair a way and without as much after-danger to the patient.

There is a growing fancy among certain of our school, usually the younger men (they'll know better if they live), to sneer at the man who prescribes according to the well-tried methods of Hahnemann and to think it is not as scientific as the coal tar medication or the fashionable fad of the hypodermic injection. Wrong, my brothers, wrong. You have as a school got the only real law of cure, and yet you wander off after the ignis fatuus of medical folly.

It is of little account this assumption of superiority on the part

of the so-called regular or allopathic school to those of us who believe and practice in accordance with the law taught by Hahnemann; a law developed by him from the crude glimpses of truth to be found in the writings of the masters medical from Hippocrates' day. For if there is really any regular practice to-day, practice that is logical, in accord with law, it is that of the consistent homœopathic physician. And if ever in the history of medicine there was irregular practice, wanderment after false gods, it may be found to-day among the men who claim that they are only physicians and have no school. For heaven sake, let us not follow in their scientific footsteps, discovering one day, discarding the next, imagining everything, sure of nothing.

And the trend of mind of the best among *their* thinkers is toward the law Homoion. That a morbific substance will cure the disease it produces. To be sure they have gotten only as far as what is now called serum-therapy; use of glandular extracts to cure diseases of the same gland, a bastard brother to Homœopathy, or, to be more accurate, Isopathy. But there is hope in the future for them, and some of these days we will find them testing the effects of medicines on something besides cats and dogs. No, my friend, this serum-therapy, or Isopathy, is nothing new, a worthy gentleman of Germany, one Lux,* published a book on the subject about seventy years ago. Brown-Sequard's discovery of rejuvenation by means of the billy goat is written in the Egyptian Book of Life. Some folks think these discoveries of to-day are new And so they are to them. But do you not recall what Solomon said about new things? And now, work in this line may result in practical benefit, for back of Isopathy there is reason and medical law.

But—what scientific reason can exist for prescribing a lot of patented chemical products, either singly or in combination, of whose real action on the body we are for the most part ignorant? To my mind, none whatever. Read the pamphlets so lavishly circulated to the woe of the postman and the annoyance of the doctor; what do you find under the meretricious glitter of medical generality of words? Pure empiricism, guess work as to the action of the drugs, warnings as to possible after effects from

* Lux, Joh. Jos. Wilh. Die Isopathik der contagionen, oder: Alle ansteckenden Krankheiten tragen in ihrem eigenen Ansteckungsstoffe das mittel zu ihrer Heilung, dem Soriphaen der Homoopathik zur strengen Prufung vorgelegt, Leipzig. Koelmann. 1833.

their use. Then why use them when we have medicines right at hand whose effects we know?

There is too much so-called science at the present day among doctors and too little real knowledge; too many specialists and too few family doctors; too many lazy doctors leaning on the crutches of the pharmaceutical chemists, and too few who are willing conscientiously to study up their cases. Is it any wonder that the people, tired of being cut and injected and antipyretized and hyptonized and narcotized, turn with gratitude to the mild insanities of Eddy and Dowie?

It it any wonder that the man who calls in a physician and gets injections of various sedatives, or is told to go to the drug store for a more or less compound prescription, in which he sees one or more proprietary remedies, buys these remedies or loses faith in modern medicine and turns to Christian science?

Perhaps the trend of thought of the layman toward the physician can not be better illustrated than by quoting a short editorial that appeared in the *New York Journal* last April:

Why Should Orthodox Medicine Dread Competition?

Irregular practitioners of healing arts are finding at Albany that eternal vigilance is the price of toleration. A little while ago it was Christian Science that was to be rooted out; then it was osteopathy, and now it is hypnotism and suggestive therapeutics.

No doubt there is much quackery in all these schools. It is not entirely unknown in the regular practice of medicine. But such progress as has been made thus far in the knowledge of the human body and of the art of treating its diseases has been made through the liberty of the individual to subject himself to experiment. If the various kinds of practitioners were to match graveyards the cemeteries of the regulars would be found not the least imposing.

And when the regular physicians make medicine a true science they will not find it necessary to run to the Legislature for laws to protect themselves against the competition of heretical outsiders. The astronomers do not have to work for statutes to keep the public from deserting them for the expounders of the doctrine that the sun do move.

T. L. Bradford, M. D.

A CASE OF VIOLENT INSANITY OF SEVERAL YEARS' STANDING PERMANENTLY CURED IN LESS THAN SIX WEEKS.

By Dr. W. S. Moat, Phila., Pa.

On February 28, 1897, was called a few miles in the country to see Mrs. T. B., wife of a farmer, aged 27, tall, slender, dark hair and eyes, very sallow skin, weight 110 lbs., mother of a healthy girl seven years of age. When this child was one year old her

mother (the subject of this article) became insane and was sent to a hospital here in the city, and after a time was sent home apparently cured. A few months after she began to show signs of her former trouble, and continued to gradually grow worse from time to time during the next five years, which brings us up to the time of my first visit. Found her in half reclining position in bed, *totally unconscious*, head inclined to one side, and a bloody saliva running from her mouth down over her chin and neck. I told the nurse that she ought to swab out her mouth frequently, as it was in a very bad condition. "I often do try to do it, but her jaws appear to be set or locked, and cannot get anything between them." I was somewhat surprised at this statement, and approached the patient and tried to pull down her chin to look at tongue. To my surprise it would not move. "How and when do you give her nourishment?" "She takes only liquid food from a spoon, and only at such times as she is partly under the influence of these tablets the doctor left to keep her quiet and make her sleep. For when she is not under their effect she is a *raving maniac*, and no one person can do anything with her. It takes her husband, the hired man, and myself to keep her from severely injuring herself, or some member of the family. So in order to get some rest ourselves, and keep her quiet, we can do no better than give her these tablets." "How are her bowels and bladder?" "Oh! she has had no control over them for several months past. I keep an oil-cloth sheet on her bed, and look after her in every way as if she were a child." At this juncture I had her bed brought close to the window in order to make an internal examination. When the abdomen was exposed I found the umbilicus very much depressed and drawn downward and backward to such an extent as to throw the abdominal walls into deep, half moon-shaped folds all the way down to the pubes. Introduced speculum, found vagina short, but otherwise normal. Uterus prolapsed. Fundus in hollow of sacrum. Neck crowded down on neck of bladder and ulcerated. Os under the pubis, and the whole organ very much congested. I then undertook to liberate the uterus from its impacted position. The heart's action being very weak I was more than an hour in accomplishing the task. Then put up a few powders of *Ferrum phos.* and *Bell.*, to be dissolved in water, and given chiefly for the bloody saliva from mouth and perhaps the throat. Was at her bedside on this occasion about two hours, and when I left there were no signs of

returning consciousness. The next day (March 1st), on second call, found her sitting up in bed in half comatose condition; asked me who I was. "You are not my doctor. I did not send for you" etc. At this visit replaced uterus; gave *Fer. phos.* 3x and *Bryonia* on pellets dissolved in water, every hour, in alternation, same as the day before.

March 4th, third call. Bloody discharge from mouth very much better. Continued same medicine.

March 8th, fourth call. Found patient in an ugly mood, and under no circumstance would she allow me to put my hands on her. Mr. B. (her husband) had been called away on business, and as there was no one to assist me but the nurse I had to postpone the intended uterine replacement. Same medicine continued.

March 11th, fifth call. Found patient in far worse frame of mind than at last visit. She declared in the language of a most insane person that I should never again touch her. Her husband, nurse and I tried to reason, persuade, and in a mild way coerce her to submit, but to no purpose. Then by main force she was held down in bed, while I made the necessary replacement of uterus as on previous occasions. No change in medicine.

March 15th, sixth visit. Patient very much more calm and made very little objection and no resistance to usual mode of treatment. Uterine replacement and gave *Ferrum phos.* 3x and *Hydrastis* C. as in alternation or combination, my case-book does not say which. The navel was not so much drawn down, and the heavy half-moon shaped folds in abdominal walls were not so heavy or deep. Also, the bowels and bladder were under much better control.

March 18th, seventh call. Patient out of bed, dressed and about her room. Would not talk much, but gave me to understand that she would have no internal treatment that day. Her husband being away from home gave her the advantage of the situation. "Doctor," said the nurse, "do not go too near her. I saw her take a knife from the table just as you came in the door, and she would not be a bit too good to use it." From that moment I gave her a wide berth for that day. Continued *Fer. Phos.* and *Hyd.* C. as before.

March 22d and eighth visit. Patient in better mood. Talked more rationally; taking more food; bowels and bladder perform their functions better than for years. Replaced uterus and continued medicine as at last call.

March 29th, ninth visit. Patient very much better in every particular. Everybody interested. Perfectly satisfied with the improvement. Replaced uterus and continued medicine as at last call.

April 1st, tenth visit. Patient improving in the most satisfactory manner. No more bloody saliva from mouth and throat, as above mentioned. Bowels and bladder perform their natural functions. Skin better color. Had gained some in weight. Uterine replacement and continued medicine as at last visit.

April 5th, eleventh and last visit, and with it came astonishment as much as delight. Found my patient not only up and around her room, as on previous occasions, but dressed in her best and only waiting for a carriage. The following I quote from memory, to show the state of her mind: "Good morning, Mrs. B." "Good morning, doctor. Well, doctor, for reasons best known to myself, have concluded to discontinue, for the present at least, any further treatment. I am first going to see my mother and stay over night. To-morrow I am going to Norristown to do some shopping. From there I will go to Plainfield, N. J., to spend ten days with my husband's mother. From there I expect to go to Philadelphia, and will stop with one of my sisters, and should I need any more treatment will either send for you or call at your office." At this juncture I bade her good-by. The next time I heard from this woman was some time in June following, and to my astonishment was informed that she and her father had gone to Atlantic City and opened a boarding house. I heard from her indirectly several times during the next eighteen months, and that she had not showed any signs of her former trouble. Sometime in May, 1899, or a little over two years after I last saw her, two women called at my office. "Good morning, ladies. What can I do for you?" "Doctor, you do not appear to know me." "No, I do not remember that I ever had the pleasure of meeting you before." "Do you not remember treating Mrs. B., near Glenside?" "Yes, I do." "Well, I am she." "How has your health been since our last interview?" "First rate. Have no trouble save a little pain in back occasionally since I last saw you, but should I require any professional attention I know where to come."

1610 N. 15th St., Phila.

MEETING OF THE HOMŒOPATHIC MEDICAL ASSOCIATION OF TEXAS.

The seventeenth session of the Texas Homœopathic Medical Association met at Dallas, October 8 and 9, 1901, President I. C. West, of Dallas, presiding.

An unusually large number of members was present, and several new members were elected, while several more former members reinstated themselves.

The Association seems to be in a very prosperous condition.

After necessary routine business the Association listened with interest to several excellent papers, among which were one on 'Cratægus" by Dr. Julia H. Bass; one on "Progress of Homœopathy in Texas," with suggestions how to promote such progress, by Dr. Gorton; one on "A Case of Typhoid," by Dr. F. L. Griffith, and one of especial interest by Dr. Herman Peterman, of Ardmore, I. T., on "Treatment of Cancer," wherein Dr. P. described his treatment, purely homœopathic prescribing of internal remedies, of thirty cases during several years. Of these cases ten were fully and permanently cured. Of these ten cured cases all had been confidently diagnosed cancer by several physicians of both schools, and some of them had been operated on, recurring after operation. The Doctor's most frequent remedies were *Conium*, *Calc. carb.*, *Silica*, *Carbo an.*, *Arsenic*, *Phos.* and *Thuja*.

All of the papers were thoroughly discussed.

The Secretary read a paper from the Minnesota Homœopathic Medical Institute proposing a congressional commission to experiment and investigate the arsenic prophylaxis for yellow fever. On motion the President was authorized to appoint a committee to investigate the theory and report to the Association at the next meeting. He appointed Drs. Gorton, Streeter and E. E. Davis.

Election of officers for 1902 resulted as follows:

President, Dr. W. D. Gorton, of Austin; First Vice-President, Dr. W. F. Thatcher, of Dallas; Second Vice-President, Dr. E. E. Davis of Dallas; Secretary, Dr. Julia H. Bass, of Austin; Treasurer, Dr. T. J. Crowe, of Dallas.

Legislative Committee, Drs. Gorton, Brenizer and Griffith, all of Austin.

Adjourned *sine die*.

H. B. Stiles, M. D., *Secretary*.

FERRUM PICRICUM IN PROSTATIC AILMENTS.

Translated for the HOMŒOPATHIC RECORDER from the *Allg. Hom. Zeit.*, October, 1901.

Dr. De Wer has confirmed the action of *Ferrum picricum* in hypertrophy of the prostatic glands and in the accompanying urinary troubles in the following case:

An old man, 70 years of age, who was ascertained to be suffering from a considerable hypertrophy of the middle lobe of the prostate, also suffered from retention of urine, and owing to the stagnation of the urine and the ammoniacal fermentation developed in it an inflammation of the bladder developed. The urine kept dripping down continually while the patient was standiug up. After two successful efforts to introduce the soft melatonic probe, the patient was given *Ferrum picricum* 3 every hour. In the course of two days the discharge of the urine returned to its normal course, and the old gentleman has felt well ever since.

Atropin in Ischias.

A woman, 70 years of age, with pronounced neurasthenia, was suffering besides from a very painful ischia. For years she had been using opiates and preparations made from coal-tar, but without much success. She could hardly limp into the office. Everything pointed to nervous exhaustion. She was given *Atropin* 3D. four times a day, and this produced so great an improvement that in two months no sign of ischia could be seen. Her nervous symptoms, however, remained.

In *Atropin* we find general hyperæsthesia, twitching and tearing pains vanishing as quickly as they come; they are usually more on the one side; attended with great restlessnes; turning and twisting about in bed; the skin is reddened and sensitive—symptoms not unfrequently seen in ischias. (It is to be noted, that, also in this case, opiates had first been used.)

ALCOHOL COMPRESSES IN SUPPURATION.

The good effects of alcohol in its external application in phlegmonous inflammations, both before and after suppuration has set in, was first noted by Salzwedel some years ago, and then attested by Sup. Medical Councilor, Dr. von Sick, for he ascribed the effects of Bolle's arnica compresses for wounds chiefly to the action

of the alcohol. This use of alcohol has lately been confirmed by Dr. Elschner.

Of the nascent cases in which suppuration had not as yet appeared two were especially instructive.

In one patient, owing to the sting of a fly on the dorsum of the right hand, the whole hand and forearm were swollen and doughy, the skin being of an intense red. There were lymphatic streaks extending all the way to the elbow; the axillary glands were swollen and very painful. No pus could be discovered. A compress soaked in alcohol was applied from the first phalanx of the finger all the way to the elbow joint. Next day the swelling and pains had altogether disappeared and the patient could return to his work.

In the second case there was a bubo of the size of a pigeon egg which already showed some fluctuation at its apex. An incision could not be made, owing to some reasons which seemed weighty to the patient. The application of ice proved without effect. So the author used the alcohol compress, on which on the third day there was a diminution of the swelling and of the subjective troubles. In this case the compress was so arranged that after it was applied, as soon as the patient from a slight burning sensation at the point affected perceived that the alcohol was evaporated, he could raise up the compress a little and pour in more alcohol, so that the compress could remain unchanged for several days. (Bolle's treatment was quite similar, as he directs the patient to pour on new alcohol from time to time, so long as there is no smell of pus.) In three weeks the cure was effected.

The author had splendid results from the alcoholic compress in furuncles, carbuncles, panaritia and phlegmons after the pus had been discharged. In a few days, the suppuration ceased, the surface of the wound was covered with fine granulation, and a cure was quickly secured after strewing on some *Itrol*.

The author made a comparative experiment in a series of nine severe cases of panaritium which successively came under his treatment. The one case after incision he treated with alcohol, the other with warm and moist poultices, compresses, bathing, powder, etc. While the suppuration even in the most severe cases, where alcohol was used, was ended in two to three days, in the other cases it required five to ten days, and a full cure required fourteen to twenty days, while with alcohol a cure was effected in five to eight days. The same action he also found in *infected wounds*.

His treatment is the following: He takes six or eight thicknesses of the cotton used for compresses and soaks it in the strongest alcohol, lays it on the place affected and covers it with perforated mosetig-battistes or with gutta percha paper; then follows a layer of raw cotton and a common compress. This compress remains unchanged for twenty-four hours, in very severe cases for twelve hours.—From *Therapie der Gegenwart*, No. 9, 1899.

SUPRA-ORBITAL NEURALGIA.

By Dr. Mossa.

Translated from *Allg. Hom. Z.*, September, 1901, for the HOMŒOPATHIC RECORDER.

It is not always easy to determine at what point of nerve, especially in case of a sensory nerve, a pathological or pathogenic irritation may be applied, whether inside or outside of the cranium or at the peripheric termination. This is also seen in neuralgias, especially in those which are supra-orbital. Lately the writer had a patient who in his childhood had suffered much from cerebral irritation, and, after he had grown up, every time he took a cold there appeared a supra-orbital neuralgia, especially since influenza has become so prevalent. These attacks which were especially wont to recur in spring usually lasted quite a while and were influenced by the allopathic treatment furnished either little or not at all. Now the patient desired to make a trial of Homœopathy in his ailment. On the 8th of May he was again seized with a violent flowing coryza, inflammatory irritation of the conjunctiva, especially on the right side, considerable lachrymation, and a violent pressive pain above the supra-orbital region which was regularly aggravated at 7–8 A. M. and 1–2 P. M., when it diminished, disappearing altogether at night, so that he could sleep well. His condition is most tolerable in the room and at rest. The senses of smell and of taste are dulled.

Two remedies, *Spigelia* and *Natrum mur.*, most correspond to this image. Both have great sensitiveness to cold air, and fluent coryza at the least cold, both have periodical headache, especially pressure above the supra-orbital region; but in *Natrum mur.* the forenoon is clearly the time of the attack. The obtuseness of the senses of smell and of taste are specially prominent in *Natrum mur.* But as I had not the time to make an exact differential

diagnosis I determined to prescribe the two remedies in alternation. The patient was accordingly given five drops of *Spigelia* 6 Dil. in the morning at ten o'clock and *Natrum mur.* 6 Trit. at 8 P. M. The effect was so brilliant that the patient was greatly pleased at this success of Homœopathy. He had never been so quickly liberated from his troublesome pain.—*From Report of 69th General Meeting of the Central Hom. Soc. of Germany.*

PYÆMIA FROM PERITONITIS CURED BY ARSENICUM.

By Dr. Chr. von Hartungen.

Translated for the HOMŒOPATHIC RECORDER from the *Leipziger Pop. Z. f. Hom.*, October, 1901.

Mrs. Anna W., owner of a house in St. Pankratz, Ultner Valley, without hereditary taint, sixty-four years of age, and the mother of six children, the last one having been born two years ago, was taken sick about the middle of April, 1901, with peritonitis. She was under allopathic treatment, highly anæmic and was sent for reconvalescence on the 1st of July to Mitterbad, where there are springs containing iron and arsenic. On the 2d of July the patient took her first bath. In the course of the next day a chill set in followed by continued heat, attended with considerable pains above the ileo-cœcal region, with vomiting and continued nausea. Cold compresses with allopathic mixtures aggravated her condition. The only relief was obtained from a preparation of morphine. In the evening the resident physician who had just returned from Bozen was called in. During the night from July 3d to July 4th, the use of morphine was discontinued and the application of hot steam compresses was taken up.

July 4th, 10 A. M., there was presented the following image: The abdomen distended, tense, painful when touched, and also otherwise when there was cough, respiration, vomiting; in short at every least movement there was caused extreme aggravation of the pain. Four centimeters above the ileo-cœcal region a swelling (exudate) eight centimeters in length and four centimeters in width was discovered. There was constipation, short, frequent respiration, and a similar hard pulse with severe thirst. The tone of percussion on the swollen place was slight, empty, considerable prostration of strength, the temperature was almost constant at

38.5° (101.3° F.). Very scant urine. The extremities cool. Diagnosis: *Peritonitis circumscripta.* Prescription: Externally three times every twenty-four hours steam compresses to be applied; at every application four compresses were to be applied, each one to act seven minutes. Internally, *Belladonna* and *Bryonia* were given in alternation. Dr. P., the hospital physician in Oberlana, who was called in without my wishes, prescribed internally *Calomel* and externally an ointment of *Ichthyol.* But owing to former experience with these remedies, they were not used. On the 6th of July the patient received in agreement with the complex of her symptoms *Mercurius vivus.* In the night from the seventh to the eighth of July two chills set in, each one lasting half an hour, and these were repeated on the following day. Long continued insomina. The temperature steady at 103° F. Beginning with July 8th *Arsenicum* 15 was given every six hours. The steam compresses were discontinued. The shaking chills during the subsequent twenty-four hours were much shorter in time and appeared three times with a marked diminution in the virulence. The general condition showed an essential improvement. On the 9th of July there was a quite decided relaxation of the fever, down below 98.6° F. The sensitiveness of the abdominal integuments decreased; she had a quiet sleep for 1–2 hours. On the 10th of July there were only two traces of chills, the general improvement continued, and there was a little appetite. The stomach has sunk in; it is soft and less sensitive to the touch. Glycerine suppositories were successfully used to remove the constipation. On the 11th and on the 12th of July there were exhaustive sweats in the morning, causing the patient to lose strength. *China* was now given in alternation with *Arsenicum.* On the nights that followed there was refreshing sleep lasting several hours. The perspiration in the morning has stopped. The patient partakes copiously of food, consisting of milk, homœopathic coffee and tea.

July 15th. The swelling now is four centimeters in length and two in width; it hardly pains when touched and is being absorbed. The patient is able to sit up, and can remain in this position half an hour at a time, three times a day. On the 17th of July the patient left her bed and daily spends an hour outside of it. On the 19th and 20th of July, she took short walks outside. Beginning with July 16th, the patient received daily two doses of *Sulphur* to quicken the resolution of the exudate. On the 27th of July an

objective examination found everything normal; no swelling is visible, and her subjective condition is excellent. Accordingly the patient is completely cured and is leaving for home.

Mitterbad, August 1st, 1901.

A STRAMONIUM CASE.

By Dr. Mau, Kiel.

Translated for the HOMŒOPATHIC RECORDER.

A young woman in the twenties was confined three weeks ago. During the last eight days she has been very restless and excited. She speaks almost continually day and night, and in her delirium she brings in all manner of things and persons. At times she talks in rhymes, sings and prays. Her mood and delirium is at times exuberantly merry and gay; then again it passes into melancholy and weeping. Her sleep is much disturbed, she hardly sleeps three hours out of the twenty-four. Sometimes she jumps out of bed, as if in a fright, and endeavors to escape.

When I entered the sick-room, the patient was sitting up in bed, with a light-red face, her hands raised as in prayer, at the same time rocking her body from side to side, as also forward and backward; these movements were graceful and elegant, not awkward or clumsy, and she kept talking of a distant relative in an almost solemn voice. I had at once to think of *Stramonium*, but continued my questions, enquiring whether the patient had had any visions or hallucinations, and whether darkness or light, company or loneliness, had influence on her state. But the answer was negative. I only elicited that at the beginning (a week ago) she had fits of rage and had beaten those around her. In the beginning *Belladonna* was probably indicated, and—if given immediately on the first day—it would probably have at once effected a cure. But we Homœopaths have always the pleasure of getting sight of the cases only when the process of disease has lasted some time and other methods have been used without any effect. In this case there had already been a consultation between two physicians. But as they evidently knew nothing of Homœopathy, nothing had been gained. *Stramonium* given for ten days, alternating with the 5th, the 30th, and the 200th potencies, brought a slow and steady improvement, so that the patient was restored in scarcely three weeks.

CURE OF PARALYSIS OF THE FACE AND LOSS OF SPEECH WITH CAUSTICUM.

By Dr. Chr. von Hartungen, at the Hom. Sanitarium on the Garda Lake.

Mr. Max. H., 40 years old, married and living in Rendnitz, near Leipzig, without any constitutional ailments and in a normal state, had suffered in 1878 from a heavy pressive pain on the side of the head and transient paralysis of the face. In 1883 this attack recurred, as also in 1891. In July, 1900, there was for several hours a paralysis of the speech and convulsions of the arms and the face. In March, 1901, there appeared paralysis of the left side of the face and of the tongue with convulsions of the hands. This lasted from one to two hours and the attacks recurred once or twice a week. Treatment with cold water and with electricity proved ineffectual. On the 12th of May the patient was first treated homœopathically. On this day and on the 14th of May there appeared again, shortly after noon, a paralysis of the left side of face with loss of speech and convulsions in the right hand, with a sensation of numbness and deadness, accompanied with a paralytic, trembling weakness, and a fretful, passionate disposition. During these attacks the brain seemed to retain its full unimpairedness. This hemiplegia only seized on individual voluntary muscles, the extensors and supinators of the hand, and on the muscles of the face and of the tongue. The muscles of the body, of the thighs and the legs were untouched by it. The paralysis is complete but only middling in degree. The parts paralyzed are sensitive to electricity, but not to touch and warmth. The fundamental cause is probably hyperæmia of the brain.

On the 14th of May, after the second attack, in Riva, the patient received *Causticum*, 15 D., every six hours. On the 15th of May there was no attack, but instead of it a restless, anxious, sleepless night. On the 17th of May the patient received *Causticum* only twice a day, his condition was quite normal and there was no further attack. On the 4th of June Mr. Max. H. left Riva perfectly restored.

ORIGIN OF THE KEELEY CURE.

Overholt, of Tennessee, some years since, wrote an article for the *Medical Summary*, telling its readers how to cure mania, or alcoholism. We read the article carefully and pondered it over in our mind, but we had other important work on hand and let it go by until we saw an advertisement by one Dr. Keeley, of Dwight, Ill., who claimed to have discovered a mixture of *Chloride of gold*, etc., that would readily cure all cases of chronic alcoholism. By judicious advertising people went to Dwight by the thousand and sent their friends. This excitement caused us to recall Dr. Overholt's statement in the *Medical Summary*, and we investigated the matter. After writing Dr. Overholt we tried the treatment and it *did* cure some twenty-five patients that we tested it on. Dr. Keeley made over a million dollars out of Dr. Overholt's discovery. Dr. Overholt was *ethical*, while Dr. Keeley made the money. Dr. Keeley did perhaps discover that by injecting very small amounts of *Apomorphine hydrochloride* that it would nauseate the stomach just sufficient to make the patient think the whiskey was disagreeable and set him against it quicker than if he used the *Cocaine mur.* and *Gold et sodium*, etc. only. The gold was useless, except as an alternative and tonic.—*Dr. F. Clendenon in Medical Summary.*

DO NOT TELL THE PATIENT THE NAME OF THE REMEDY.

Dr. Dietz mentioned something which I learned long ago, never to give the name of a remedy to a patient. I had a sad experience in that line once. When I was a student of medicine a friend of mine wanted me, before I commenced practice, to treat him after I got to be a doctor. I took his case, read up the symptoms from Lippe's Materia Medica, and while I was waiting on some other patients he looked over Lippe's Materia Medica also. I selected a remedy according to that Materia Medica; it was *Natrum muriaticum*. It was a very dangerous drug. I gave it to the patient in the 30th potency. In a few days he came back and had some other symptoms. I took out my Materia Medica. "Well," I said, "these symptoms are contained in that drug, so

just go on with that remedy." The symptoms he complained of were sleeplessness, bad dreams, and so on. The fellow finally got worse, he could not sleep and he came into my office one day and he said he would study a little Materia Medica; so he takes this book of mine and he reads over *Natrum muriaticum*, and he had all the symptoms he read. He tears out the page that had the sleep symptoms on, sticks that in his pocket and goes away. Afterwards he became a hypochondriac and monomaniac on the subject, and he told it all around that I had taken away his sleep by this powerful medicine and the result was that it had a bad effect on him. But ever since then I never told a patient what remedy I gave, because it did him no good, but did him harm, and, at the same time, the remedy was just as innocent as it could be. Let us study our Materia Medica, and that is the way it will come, not as a lost art, but a living reality.—*Dr. A. P. Bowie, Penna. Trans.*

OLIVE OIL.

The benefit to be derived from olive oil, both as a medicine and a food, is not sufficiently appreciated by physicians. Especially in chronic biliary and intestinal affections will it be found useful. Given in conjunction with a good hepatic regulator its nourishing and reconstructive properties are exerted to their full effect.

In all those cases where there is indigestion of starchy foods olive oil supplies the system with a ready heat and force-making food. It appears to exert a direct alterative influence in constitutional diseases, more especially where there is derangement of the liver and kidney functions. Neuralgic nerves are greatly benefited, sometimes permanently cured, by the steady use of olive oil.

If the stomach becomes intolerant under the prolonged administration of the oil it may be given by high enema or by external application.

The great difficulty in the use of olive oil is to get a perfectly pure article, but the growing recognition of its value as a food and also a remedy of certain value will, sooner or later, insure us a perfectly pure oil by the old reliable p.oprietary route. Some honest, enterprising man will set up the guarantee of his name and reputation as a protection against adulteration and imposition.

Biliary and intestinal colics, appendicitis and neuralgias are the

latest diseases to be successfully treated by the use of olive oil in large doses continued over a considerable period. It is the best laxative for infants and young children.—*Medical Brief.*

URIC ACID FALLACIES.

Dr. Frank Billings, of Chicago, in a paper read before the Illinois State Medical Society on "Uric Acid Fallacies," and printed in *American Medicine* of October 12th, concludes as follows:

Some of the fallacies of uric acid are, therefore:

1. That uric acid is toxic.
2. That it is a causative factor in any disease except gout.
3. That "uricacidemia," meaning acid blood, exists.
4. That the chemic reaction of the blood may be altered by the use of medicinal quantities of the alkalies or by diet.
5. That uratic deposits may be dissolved out by the administration of alkalies.
6. That *Lithia* is a uric acid solvent of unusual potency.
7. That uric acid is an abnormal constituent of the urine.
8. That an excess of uric acid in the urine at one time or a deficiency at another time indicates an abnormal condition in reference to uric acid.
9. That rheumatism is due to uric acid.

As stated in the first part of this paper, to-day's knowledge of uric acid is not so much in the possession of positive knowledge, but rather in the fact that we have thrown aside a lot of theories and absurdities. I hope this paper may have some influence in a dissemination of the facts, that most of the old theories in reference to uric acid are dead and buried, and that it is not in good form to resurrect and exploit the old skeletons.

CRATÆGUS OXYACANTHA IN HEART FAILURE.

By Frederick Kopp, Greenwich, N. S. W.

Personal experience with the new heart remedy, *Cratægus oxyacantha*, has compelled me to pronounce myself as an advocate in its favor as a most reliable cardiac tonic. I have found that there is absolutely no reaction following its administration, as there is in some of the other heart remedies, and this, it must be admitted, is a most important attribute of the drug, and one which will

commend itself to the favorable attention of every physician who is not only interested in the introduction of new remedies to aid him in this fight against disease, but who has also his patients' welfare at heart. The action of *Cratægus oxyacantha* is gentle, prompt, and effective, and it has a decided toning-up influence on the whole nervous system. I cannot speak too highly of it in cases of cardiac weakness, and have made use of it in the majority of cases in preference to *Digitalis purpurea* and *Ferrum*. Resembling in its action that of *Strophanthus*, it is far safer in its administration than that drug, and is, moreover, pleasant to the taste, which cannot be said of *Strophanthus* It also increases the appetite, improving at the same time both assimilation and nutrition. It has, furthermore, a marked influence in removing the irritability so often met with in patients suffering from cardiac trouble; it raises their spirits, causing them to appear more cheerful. The action of the new remedy is gradual, which I hold to be a great point in its favor, as I have little confidence in so-called cardiac remedies which give *sudden* relief. A case of cardiac weakness, consequent on senile decay, recently came under my notice. The patient, aged 75, whilst stirring some porridge over a fire, suddenly felt a queer feeling come over him, accompanied with great oppression in the cardiac region and vertigo, and fell down on to the floor insensible. As soon as I saw the case I administered ten drops of *Cratægus oxyacantha*, and gave instructions for the same dose to be repeated three times daily after meals. The drug had a most beneficial effect, and gradually strengthened the heart-beat, which before had been slow, almost imperceptible and intermittent. Although over six months have now elapsed none of the symptoms mentioned above returned, and the patient feels an improvement in every way. The administration of the drug was continued for over a month without causing any after-effects, although thirty minims of the mother tincture were given daily, divided into three doses. I have, however, found that to obtain the best effect of this new heart remedy it is essential that it should be administered in the mother tincture and in comparatively large doses. The same beneficial result cannot be obtained by small doses of the various dilutions. Such, at least, has not alone been my experience, but also that of a number of Homœopathic physicians in the United States of America, where the drug has gained a great reputation in the treatment of heart affections. In addition to the above quoted case several other instances of cardiac weakness have come

under my personal notice in which the new remedy was a complete success. I must say this for *Cratægus oxyacantha*, that it is a remedy which I should always like to have on hand, and one which I could ill afford to do without.

Cratægus Oxyacantha in the Collapse of Typhoid.

Cratægus oxyacantha should not be lost sight of in those cases of typhoid fever in which there is a sudden collapse. In a case brought under my notice the action of the new remedy was very prompt. The patient was a little girl, twelve years of age, who in the third week of the fever suffered a sudden collapse. *Cactus grandiflorus*, *Strychnia*, and *Digitalis purpurea* were administered without effect, and she was then given five-drop doses of *Cratægus oxyacantha* every two hours. The result was that she rallied at once, and eventually made a good recovery. The indications, which called for the administration of the drug, were: Cold extremities, great pallor, irregular breathing, and the pulse 120, and very weak and irregular. Before the *Cratægus* was given the condition described above had existed for two days, and only temporary relief had been obtained from the administration of *Strychnia* and the other heart tonics. Prompt and decided relief, however, was obtained from *Cratægus oxyacantha*, and a permanent cure was established.—*Homœopathic World.*

"THE CITY OF DESPERATE HOPE."

To the Editor of the HOMŒOPATHIC RECORDER.

Sir:—The gentleman whose communication under the above heading appears in your able journal of August 15th instant has seen fit, without signing his name in full, to pour contumely upon the work of one who is not here to defend his own writings; to describe anything that the late Dr. Burnett wrote as "sorry stuff" bespeaks an absolute ignorance of the man, the character of his work, and his methods of procedure. We, in this country, who knew him intimately, who frequently had the invaluable privilege of hearing from his own lips concise descriptions of his professional methods, and who enjoyed opportunities of watching the results of his treatment among intimate friends of our own, and of cases that come under our immediate cognizance, which he cured after having been pronounced incurable by some of the most eminent specialists this country has produced, are well as-

sured that there was nothing remarkable in the case which S. A. J. is pleased to describe as "sorry stuff;" and further, we are satisfied that there were hundreds of similar cases which, under Burnett's care, furnished equally startling proof of the reliability of his methods.

Unfortunately for the world at large, there are too many skeptics in the medical profession, homœopathic as well as allopathic, who are unable to give credence to anything which their narrow mental calibre is unable to grasp, and who do not hesitate to attempt to bespatter the work of one whose shoe's latchet during his lifetime they were not worthy to unloose, and I very much fear S. A. J. is among the number. If S. A. J. entertains any honest doubts concerning the value of *Bacillinum* and other similar zoic remedies in high attenuations, such as the late Dr. Burnett used to rely upon, let him first do what every honest professional man should do before inveighing against them, namely, investigate and test for himself.

I have in my own branch of medicine given something like twenty years' close attention to this subject, and I am satisfied from observations too numerous to quote that, Koch notwithstanding, tuberculosis is essentially a bovine disease, and readily communicable to the human subject. I am also satisfied from extensive experience that tuberculosis is curable in subjects that have been treated with the virus in high attenuation; and further, I am equally satisfied that the disease is not capable of spontaneous cure, nor alone by means of the so-called fresh air cure; and I confidently aver that any professional man who says that fresh air without suitable remedial agents will cure a well-established case of tuberculosis is taking upon himself an unwarrantable responsibility towards the sufferers and their friends, and is doing his best to involve them in speedy and cruel disappointment.

If S. A. J. is a professional physician with or without any leanings to Homœopathy, let him communicate with Dr. Alabone, of 51 Highbury Quatrant, London, who will, I doubt not, be able to give him a few wrinkles as to the real value of open air and what else is necessary to grapple successfully with this insidious and too often fatal disease; so long as S. A. J. remains in his present state of mind, there is little use in commending all Dr. Burnett's works to his serious attention, but it would be difficult to discover anything in literature that would prove of greater value to him if he desires to learn the truth.

Yours faithfully,

J. Sutcliffe Hurndall, M. R. C. V. S.

Sussex Villas, Kensington, London, 29th Aug., 1901.

BOOK NOTICES.

The Composite Man. As comprehended in Fourteen Anatomical Impersonations. By E. H. Pratt, M. D., LL. D. Illustrations by Dr. Frederick H. Williams. 150 pages. Cloth. $1.50.

Each of the fourteen men which make the "Composite Man" speak in the first person and each are illustrated. "The Bony Man" leads off and describes all his duties and pecularities Then follow the muscular, arterial, venous, lymphatic, skin, connective tissue, cerebro-spinal, tubular, organic, conscious, sub-conscious, and, last, "The Composite Man." It is a fine and interesting work on anatomy, of interest to all.

The American Illustrated Medical Dictionary. For Practitioners and Students. A Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the kindred branches, including much collateral information of an encyclopædic character, together with new and elaborate tables of arteries, muscles, nerves, veins, etc.; of bacilli, bacteria, micrococci, streptococci; emponymic tables of diseases, operations, signs and symptoms, stains tests, methods of treatments, etc., etc. By W. A. Newman Dorland, A. M., M. D., editor of the "American Pocket Medical Dictionary." Second edition. Revised. Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia and London: W. B. Saunders & Company, 1901. Price, $4.50 net.

A large first edition of the work was issued in October, 1900. From the day of its publication the book met with a remarkably large sale, and the edition was exhausted in eight months. This immediate success is doubtless due to certain special features which distinguish this work from other books of its kind. The avowed object of the author has been to furnish in a volume of convenient size an up-to-date dictionary, sufficiently full for the requirements of all classes of medical men, or, in other words, to give a maximum of matter in a minimum of space and at the lowest possible cost. This object has been secured by the use of a large page, thin bible paper, and a flexible leather binding. The result is a truly luxurious specimen of bookmaking.

Warwick of the Knobs. A story of Stringtown county, Kentucky. By John Uri Lloyd. Illustrated. 305 pages. $1.50. Dodd, Mead & Company. New York.

Another interesting story of the peculiar Kentucky race with whom we made acquaintance in "Stringtown on the Pike." This second story is, we think, an improvement on the first, and the photographic illustrations are very good. But won't Professor Lloyd give in a third story the lighter vein of these interesting people?

The Pathology and Treatment of Sexual Impotence. By Victor G. Vecki, M. D. Third edition, revised and enlarged. 12mo. 329 pages. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $2.00 net.

The reading part of the medical profession of America and England has passed judgment on this monograph. The whole subject of sexual impotence and its treatment is discussed by the author in an exhaustive and thoroughly scientific manner. The former edition was exhausted in less than two years. In this edition the book has been thoroughly revised, and new matter has been added, especially to the portion dealing with treatment.

Although no one denies that the sexual function is of the very greatest consequence to the individual as well as to society in general, yet the subject of impotence has but seldom been treated in this country in the truly scientific spirit that its pre-eminent importance deserves, and this volume will come to many as a revelation of the possibilities of therapeutics in this important field. The author ventures to assert that in many cases it is a better deed to restore an impotent man the power so precious to every individual than to save a dangerously sick person from death, for in many cases death is preferable to impotence.

It is a well-written, scientific work, and can be recommended as as cholarly treatise on its subject.

Practice of Medicine, Containing the Homœopathic Treatment of Disease. By Pierre Jouset, M. D. Translated, with additions and annotations, by John Arschagouni, M. D. 1115 pages. Cloth, $7.00; Half Morocco, $8.00. New York: A. L. Chatterton, 1901.

This fine work gives us in translation the leading French book on Homœopathic Practice, brought up-to-date. It is a good Homœopathic work.

The Principles of Hygiene. A Practical Manual for Students, Physicians, and Health Officers. By D. H. Bergey, A. M., M. D., First Assistant, Laboratory of Hygiene. University of Pennsylvania. Octavo volume of 495 pages, illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $3.00 net.

This book is intended to meet the needs of students of medicine in the acquirement of a knowledge of those principles upon which modern hygienic practices are based, and to aid physicians and health officers in familiarzing themselves with the advances made in hygiene and sanitation in recent years. The book is based on the most recent discoveries, and represents the practical advances made in the science of hygiene up-to-date.

Among the important subjects considered are ventilation, heating, water and water supplies, disposal of sewage and garbage, food and diet, exercise, clothing, personal hygiene, industrial hygiene, school hygiene, military and naval hygiene, habitations, vital statistics, disinfection, quarantine, etc. The idea of the book is to give the reader a clear understanding of the general principles of this broad subject. The rapid strides made in our knowledge of the entire subject has rendered such a book, reflecting the more recent discoveries, a necessity to physicians and students of medicine.

Mr. W. B. Saunders, the enterprising Philadelphia medical publisher, announces that he has made arrangements for the early publication of Nothnagel's *Encyclopædia of Medicine*, edited by Alfred Stengel, M. D., of the University of Pennsylvania. Five or six volumes will be issued in one year, and the remaining volumes soon after. The entire series may be subscribed for, but any single volume or any number of volumes may be obtained by those who do not desire the complete series.

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EDITORIAL BREVITIES.

"The City of Desperate Hope."—In this number of the Recorder will be found a letter from Mr. Hurndall taking S. A. J. to task for calling Dr. Burnett's *New Cure for Consumption* "sorry stuff." That remark applies only to that particular book and not to the man and his other work, for S. A. J. is in print with enthusiastic appreciation of some other of Burnett's writing. As to the real value of the above-named book there are two radically different opinions extant. The Recorder believes in the value of the book—but the Recorder may be wrong. The right way to determine the matter is for each physician to investigate for himself.

Nothing New Under the Sun.—*American Medicine* says: "The abstractor and reviewer is constantly reminded that there is nothing very new in medical literature. Article after article may be sifted and reviewed without the discovery of one new or valuable thought." That is what the preacher said in effect, but let the wise ones recall the fact that only the few know everything.

Ringworm.—If a persistent case of ringworm presents itself give it *Bacillinum*. See Burnett's *Ringworm, Its Constitutional Nature and Cure*. An intercurrent dose of this remedy (homœopathic *Bacillinum* and *Tuberculinum* are identical) will often work constitutional wonders.

Pulsatilla Brunette.—Dr. C. E. Fisher tells in the *American Homœopathist* of how for years he refrained from giving *Pulsatilla* where the "fair hair, blue eyes," etc., characteristics were

absent. Finally, however, he had a case of a most pronounced brunette, who had *Pulsatilla* symptoms, and the remedy acted like a charm.

Bacillinum or Tuberculinum.—Burnett, for reasons stated in his *New Cure for Consumption*, gave the remedy the name *Bacillinum*. Dr. Mau, whose cases treated with *Tuberculinum* have attracted some attention lately, uses precisely the same remedy, though under another name. *Bacillinum* and *Tuberculinum* are the same, barring, of course, the *Tuberculin* of Koch.

Variolinum.—Dr. H. M. Bishop, of Los Angeles, California, has a paper in the September *Pacific Coast Journal of Homœopathy* strongly advocating the use of *Variolinum*, both in the prevention and treatment of small-pox.

An Old-Time War Hoop.—The *Indiana Medical Journal* exultingly quoted by the *Cleveland Journal of Medicine*, in an editorial "marked by its keenness of insight and precision of sarcasm," waxes merry over the demise of the *Journal of Orificial Surgery*, which "during the nine years of its existence has added much to the gaiety of medical literature." This is coupled with Homœopathy and "Primarily, Homœopathy was a mild system of medical delusion, based on expectancy; it is not what it was, and its disciples do not know what it is." Oh! yes, they do, dear boy? They know it is the Therapeutic Law of Nature, and no one can be a thoroughly scientific physician until he adds it to his medical education.

Mosquitos and Yellow Fever.—Dr. Jos. Waldaner, of Shreveport, La., in a letter to *American Medicine*, does not have much faith in the mosquito as a carrier of yellow fever. He has seen many cases, every one of which could be traced to contact with infected clothing or to being where the disease was, but it did not spread beyond quarantine lines even though "the mosquito was there in all her glory."

"Vesicaria Communis."—A firm of English pharmacists writes that they made inquiry of the leading firms of Germany, for "Vesicaria Communis," but none of them had ever heard of it, and there was no such plant known to botany, even though the "mother tincture is imported from Germany." *Stigmata maydis* is the drug advertised as "Vesicaria Communis."

Room for Homœopathic Doctors.—The *Homœopathic Eye, Ear and Throat Journal* says there is a large demand for homœo-

pathic physicians all over the country. "Not, perhaps, those who merely call themselves homœopaths, and practice but scant Homœopathy, but for men who are well grounded in the faith and who leave their colleges with an amount of confidence in the scientific truths of Homœopathy sufficient to enable them to apply it carefully to the cases they meet in practice and the courage to stand up fearlessly for the faith that is in them. Men of this stamp always do and will command the respect of those in the localities where they reside, and are sure of a good income in time."

Removal.—The Rio Chemical Company has deserted St. Louis for New York, No. 56 Thomas street. Incidentally they have issued a very handsome work of advertising art—colored reproductions of famous medical pictures, fourteen in one cover 9x12 inches.

Ratanhia.—*Monatsblatter* tells of a gentleman who for months suffered from violent pain in the anus with burning and tenesmus hours after each stool. Examination, a long fissure, and *Ratanhia* 2, internally, with no external treatment, completely cured the cases.

Nebraska Medical Law.—The *Lincoln Medical Outlook* gives the following pointer about the medical laws of that State worth noting, namely, that "while the present law demands a diploma from a four years' college in good standing it refers only to graduates of such colleges since the law became in force, as is right and proper, and does not apply to graduates of three years and two years' attendance who fully complied with the law at the time of their graduation. A two term doctor can receive his certificate with same honor as a four termer."

Collinsonia.—Dr. S. R. Schultz, in *Eclectic Review*, says that "*Collinsonia* is a specific remedy for hæmorrhoids. A recent case can be cured between three days and one week. The worst and most obstinate cases can be relieved and permanently benefited by *Collinsonia*." Also, "when piles are operated upon this remedy may be given before and after the operation with most excellent advantage."

Boric Acid Symptoms.—Dr. J. F. Rinehart, in *Therapeutic Gazette*, relates two cases where *Boric acid* produced marked effects. One was a case of gonorrhœa, where five-grain doses internally

and washing out the bladder with saturated solution produced a feeling of extreme weakness and caused eruptions like hives. The second case was one in which a stone had been removed from the bladder by the supra-pubic route; five-grain doses of the *Boric acid* was given every four hours and the bladder was daily washed with a saturated solution. In ten days this caused an erythematous rash around the cut, which gradually spread over the body; later it was covered "with scales and crusts, the skin being thickened and infiltrated as in eczema." The *Boric acid* was discontinued and the eruption slowly disappeared, "as did also the presence of albumin in the urine, which came with the appearance of the rash." After the eruption had entirely faded the drug was resumed, followed in two days by the reappearance of the rash. Isn't this a homœopathic pointer for its use in eczema and other skin eruptions?

Urea in the Treatment of Tuberculosis.—Guided by the fact that the gouty are immune to tubercle, Dr. Heaper (*Lancet*) undertook the treatment of some apparently hopeless cases of tuberculosis with *Urea* with marked success. Seven cases are given in which lupus, enlarged glands, tuberculous joints, abscesses, etc., were removed or healed and patients greatly improved. The dose was 30 grains t. d. s. (three times a day? t. d. s. not in dictionaries). Whether under the IX trituration the drug would be more efficacious is to be determined. *Urea* was used as early as 1845 for similar conditions and with success.

Koch, Cows and Consumption.—This from *American Farmer* via *Keeler's Clinic:* "What a plight this puts our health authorities in! Those of many sections have been striving with each other as to which could display the most pernicious activity in the way of slaughtering suspected dairy cows, by which, in many cases, the richest blood of heredity in pure-bred herds was forever lost, though it had cost lifetimes and fortunes to obtain. And all for nothing, but a fad. We recall with sorrow when this practice prevailed in this city so generally three and a half years ago. And at this time there was but one physician in this city (Dr. W. B. Clarke), who raised his voice against the slaughter, and on the ground of its entirely unnecessary and unproved character. This he did in his society of physicians in a paper on the subject; also in an article in the *News*, and *American Farmer*."

Gonorrhin-Medorrhin.—An Asian subscriber asks if these

two nosodes are the same. They are identical; in high potencies, and infrequent doses—once a week—are said to be very useful where there is a gonorrhœal ancestry or where the disease has assumed a chronic form.

WHY THEY LIVE.—In rambling through a rather extensive exchange list one comes across some queer things. For instance, the following review of Dr. S. O. L. Potter's *Hand-book of Materia Medica, Pharmacy and Therapeutics*, eighth edition, found in the *Cleveland Medical Gazette:*

One of the most popular, extensive and trustworthy works of its character in any language. It merits the high esteem and confidence, both of the student and busy practitioner, which it has held from the earlier editions. The present volume shows careful and extended labor, devoted to the rewriting of chapters on some of the more important drugs; in doing which the author seems to have consulted many of the original articles pertaining thereto.

All in all, we know of no work which we would as willlngly recommend to the physician desiring to acquaint himself with the theory and practice of the application of medicaments. Clearly expounded, but not too extensive, with no injury to its lucidity, principally because of the writer's happy style of presentation.

Dr. Potter is entered in Polk's *Register* as a graduate of the "Hom. Med. Coll., St. Louis, Mo., 1878." If we remembar correctly, a certain English medical work on the same subject and equally popular is very largely based on his work. Both live by virtue of the Homœopathy in them—yet there are better Homœo pathic works extant.

MALARIA AND MOSQUITOS.—"David Harris, former health officer on the diamond fields, South Africa, writes the *Lancet* that he practiced in that region in the early 'eighties,' when malaria was very prevalent there, and he avers the entire absence of mosquitos. The population numbered about 70,000. With the extension of the railway from Cape Town two or three years later came the first instalment of mosquitos. But malaria steadily decreased in his own very large practice and elsewhere in general." —*American Medicine.*

PRACTICAL MEDICINE.—At the last moment of RECORDER make up comes from bindery Dr. Lawrence's elegant work *Practical Medicine.* The price is $3.00; by mail, $3.25.

PERSONALS.

"Don't worry about anything you don't want."

Dr. T. L. Bradford, 1862 Frankford Road, Philadelphia, Pa., wants some one to give him, or sell him, a copy of the *North American Journal of Homœopathy* for February, 1882.

Dr. Henry C. Aldrich has been elected President of the American Association of Orificial Surgeons.

One of our scholarly contemporaries writes of "a very complimentary obituary."

According to Dr. H. M. Logan 4,772 billions of microbes will weigh 7,500 tons.

Pat asserts that the man doesn't live who is able to take "one pill three times a day."

When at work a fisherman prefers a bite to a square meal.

Yes, Mary, knights prevailed in the dark ages.

Never forget *Ratanhia* in pruritus ani.

The worst imp is a collar button on racket.

Antimonium sulph. aur. 1x, "golden sulphur," according to Mossa, is almost a specific for the coughs when the patient is "sore all over"—winter coughs. 2x would probably be better.

Silence is golden, but a gold that we, as a rule, prefer others to enjoy.

Good old homœopathic *Calendula* is the best all-round antiseptic, and the best healer of all bleeding wounds or cuts.

Man preferreth a broad sermon to a long one.

It is said that *Sanguinaria nit.* will stop a tickling cough oftener than any other remedy.

Truth is mighty, but a lie will kick up a rumpus quicker.

Try *Castanea vesca* θ in intractable whooping cough.

When a man says that "Rome was not built in a day" we feel sad at his truthfulness.

A camparison in any, particular or general, shows that President-elect James C. Wood's *Gynecology* surpasses any other similar work, and no "school" barred in the comparison.

When a man says he is "troubled" with any disease he can truthfully be told that most people are who have it.

Don't forget *Ferrum pic.* 3x in *very* warty cases; it has cleared many disgustingly warty hands.

The seats of the mighty will wear through in time.

President Norton's *Ophthalmic Diseases* easily carries the banner.

One way to make both ends meet is to dine on ox-tail soup and boiled tongue.

In the eruptive stage *Tartar emetic* is the best remedy internally to prevent pitting in small-pox.

When we learn to cease climbing hills until we arrive at them we have solved the problem of contentment.

For an awfully raw, mottled, sore throat think of *Homarus.* See Allen's *Hand-book of Homœopathic Materia Medica.*

Lastly. Subscribe for the HOMŒOPATHIC RECORDER.

THE

HOMŒOPATHIC RECORDER.

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PREVENTION MORE LOGICAL THAN CURE IN THE PHILOSOPHY OF MEDICINE.*

By John W. Hodge, M. D., of Niagara Falls.

The conception that the maladies which afflict mankind and which have received the name of diseases can be prevented is of modern times,—I may say practically of the century that has just passed, the last few decades of which have been marked by very great activity in the development of sanitary science and preventive medicine.

The ancient and once world-wide belief that disease is a visitation of special Providence, or that it is due to the vengeance of offended Deity, although generally abandoned as regards individual cases or limited localities, still lingers in the minds of some superstitious people with regard to great epidemics, which are thought to be either inevitable, or at least only to be averted by prayer and fasting.

To the intelligent student of medicine, however, causes and effects do not thus seem to belong to totally different classes, for, although he will admit that there is a close relationship between vice and disease, yet he will consider their influence as reciprocal, and that in many cases they are only different names for the same thing.

"The crude idea which came down almost to us who now live was that diseases of every kind were a portion of the necessary suffering which might by some art, conjuration or divination be removed, but which could not be avoided or prevented. For this

*Read by John W. Hodge, M. D., of Niagara Falls, before the autumnal meeting of the Western New York Homœopathic Medical Society, held in Niagara Falls, October 25, 1901.

reason the so-called curative art, the art of palliating or removing diseases, took naturally a first place in the course of human progress. This curative art, brilliant in many of its discoveries, useful in many of its applications, and beneficial alike in discovery and application, could not, however, be expected forever to remain the be-all and end-all of human endeavor against disease. It was wonderful while it combated the unknown and the invisible. But in the course of the natural development of knowledge the unknown and invisible passed away, in so far as belief in them was concerned, and there was left in the mind, in place of that belief, the fact that not one of the diseases long thought to be supernatural and out of the range of inquiry as to causation was supernatural at all. Each was traceable by the acquirement of correct knowledge, and when traceable was found to be largely and effectively preventable by a further extension of the same acquirement. In this manner have originated and developed the science and art of preventive medicine."

In early times the doctors knew so little about hygiene and paid so little attention to natural laws that for hundreds and hundreds of years they would not allow a patient suffering from fever to partake of a drop of cold water. Doctors in those days said, "Cold water is certain death in fever. Do not give the patient a drop. Give a dose of calomel and a spoonful of warm water." Not only were the fever patients denied pure cold water—Nature's remedy—but sunlight and fresh air were also denied them, and they were salivated with mercury, physicked with jalap, depleted of their life-blood by the lancet, and starved until they gave up the ghost.

In those days it required a very robust constitution to withstand the heroic assaults of a doctor. Even as late as fifty years ago it was a very serious matter to fall sick with a fever and have a doctor. I mean the doctor was the serious part of the business, for in those days the doctor still declared, "Cold water is death," and fathers and mothers were solemnly warned not to give a drop to the child tossing with a raging fever and vainly pleading like Dives for "just a drop" to cool the parched tongue. Owing largely to the advances made in sanitary science, and to the spread of the therapeutic doctrine of *similia, similibus, curentur*, with its small dose, single remedy and brilliant results, the harsh and drastic modes of treatment which were common half a century ago have been dropped one after another by the profession, until

now the instinctive calls of nature are being more and more heeded by the medical practitioner, and the profession as a whole is daily approximating nearer and nearer to the constructive art of healing which takes more cognizance of sanitation and hygienic living and far less account of drugs and poisons. Calomel and blood-letting have had their day and the good will of the Old School doctors, and during that terrible day the sick room was a torture chamber, a gloomy and dreadful place, and the doctor's visit the most dreadful part of the composite calamity. But times have changed. The lancet is rusting away. The healing sunshine and the pure, fresh air which in those days were sedulously excluded from the sick room are now freely admitted. The pure, cold water which was looked upon as a messenger of death is now plentifully supplied to the sick as one of Nature's most logical remedies for the cure of disease and the restoration of health. The precept couched in the words of the maxim, "An ounce of prevention is better than a pound of cure," is particularly applicable to the practice of medicine. The physician who is happily able to prescribe the ounce of prevention can dispense with the pound of cure.

The physician who studies from a hygienic standpoint the cases of those who entrust themselves to his care, and gives judicious advice regarding the regulation of diet, clothing, exercise, condition of dwelling and habits of life, performs his duty with far greater fidelity to his profession and with more benefit to his patients than he who places his chief reliance on the exhibition of drugs and medicines for the restoration of health. I believe that it is fair to presume that if physicians generally were to devote more time to the discovery and removal of the causes of disease, and less effort to the study of symptomatology and materia medica, much more good might be accomplished.

The legitimate function of the modern physician, it seems to me, consists not so much in curing *diseases* as in curing their *causes*. He should strive to trace diseases back to their origin, and so far as he is able to seek the conditions out of which they spring. He should endeavor, further, to investigate the contributing conditions, and ascertain how far they are removable, and how far they are avoidable. The success of his efforts in combating disease will turn on the success with which he is able to carry out this analytical and practical design. Unless he is able to detect and remove their causes, he cannot logically hope

to cure diseases, *cito, tuto, et jucunde*, by the administration of drugs however skilfully prescribed.

To what extent the prevention of disease, the prolongation of life, and the improvement of the physical, mental and moral powers of mankind may be carried in the future it is impossible at the present time to state. No doubt the tendency of those who write and speak on this subject is to be unduly optimistic. It does not seem probable that the conditions of perfect personal and public health are attainable except in rare and isolated cases, and for comparatively short periods of time. Yet it appears highly probable that the present average length of human life may be much extended and its physicial powers greatly augmented.

It is clearly obvious to the scientific sanitarian that in every year within this commonwealth thousands of valuable lives are lost which might have been saved; that tens of thousands of cases of sickness occur that might have been prevented; that a vast amount of unnecessarily impaired health, physical debility, and suffering exists which might have been avoided; that these preventable evils require an enormous expenditure of money, and impose upon the people innumerable and unmeasurable calamities, social, physical, mental and moral, which might have been averted; that means within our reach exist for their mitigation or removal, and that the timely application of appropriate measures for the *prevention* of disease is destined to accomplish far more in the future than all the drugs administered for the *cure* of disease. Hundreds of deaths from typhoid fever have occurred in this city and the Tonawandas. These deaths are attributable largely to the pollution of the waters of Niagara River by Buffalo sewage. It is a sad commentary on our modern civilization that man is his own worst enemy, that human interests, instead of being mutually helpful, morally up-lifting, and productive of real brotherhood, are largely destructive and antagonistic to health and happiness.

The corner-stone of modern society is self interest, and in its service we do not identify our neighbor's interest with our own, but rather sacrifice our neighbor's life that our own selfish interests may better thrive. It is apparent to the scientific hygienist that preventive medicine is destined to become the medicine of the future. At the present, however, we have to deal with the facts before us, viz., that there are a great many diseases actually existent which must form the subject of investigation. While the business of the physician is, therefore, to a large extent, the care

of the sick with reference to the cure of disease, or where that is beyond his power, as is too frequently the case, to relieve suffering and secure temporary ease for his patient, he is nevertheless especially called upon to ascertain, so far as lies within his power, to discover the causes of disease and the best means of obviating or destroying these causes. It is, therefore, obvious that the science of *preventive* medicine is necessarily and intimately related to the art of so-called *curative* medicine. Conceding that the study of prevention and cure should proceed conjointly, it is obvious that he is the most perfect sanitarian and he is the most accomplished and useful physician who knows most of the prevention of disease, as well as of the nature and correct remedial treatment thereof.

The foregoing assertions in reference to the great importance of prevention in medical practice may appear somewhat dogmatic; still I believe that they will receive the assent of every physician who has carefully studied the subjects of hygiene and sanitation, and made himself familiar with what has recently been accomplished along this line of work in certain limited localities. It is a usual estimate among sanitarians that by the adoption of proper modes of life on the part of both individuals and communities, nearly one-half of all existing diseases are preventable or avoidable, and might be abolished by the judicious exercise of appropriate sanitary measures. There are logical reasons for believing that the present mortality rate might be greatly reduced by a more rigid adherence to the general rules of hygiene and less frequent recourse to the use of poisonous drugs.

The saddest pages in the history of all nations are those that record the wholesale sacrifice of human life through ignorance or neglect of the simplest means of preserving health and averting disease. It is no disparagement to the art of healing to state that more human lives have been sacrificed by neglect of the simplest means of conserving health than could have been saved by the most skilful medical and surgical treatment. I deem it of the very first importance, therefore, that the physician when called upon for advice should be able to recommend with confidence the measures to be adopted to preserve the health of men, women and children.

In a large number of the cases that come under the care of the medical practitioner, it is desirable that he pay special attention to those circumstances which affect the general health of the patient, and to give directions for his guidance in matters that

pertain rather to the province of hygiene than to the practice of physic. Indeed, it very often happens that the only remedial measure which the competent physician feels called upon to prescribe consists of a change from bad to good habits of life, from an unhealthy residence or locality to a healthy one, from intense application to study or business, to repose of mind and complete change of scene and occupation. In a certain class of cases, change of climate is the logical remedy, and is of more value to the patient than all the drugs mentioned in the Materia Medica. A locality suited to the particular disease or state of health of the patient has to be chosen.

By such hygienic regulations of the habits and residences of their patients physicians are performing their duties by saving many valuable lives which could not be saved by the most skilful exhibition of drugs.

One of the best illustrations of the extent to which ignorance and carelessness nullify the utility of methods for the prevention of disease is found in the fact that small-pox still continues to appear here and there as local epidemics, and sometimes with great mortality. If anything is definitely known in preventive medicine it is that this loathsome malady is a filth-disease. Small-pox is a member of the group of diseases described as zymotic, which thrive only in unwholesome conditions of life, and in common are diminished or prevented by the reduction or removal of these conditions. Long before the time of inoculation and vaccination we find this disease to have been identical in every respect with that of to-day. Small-pox appeared at sundry distant periods, sometimes not returning during an entire century, and was at certain times virulent and at other times mild. From historical records we learn that, "into whatever country it penetrated, amongst whatever people it found a home, and wherever its ravages decimated the population, the conditions which favored its development and its diffusion were one and the same. It had its stronghold in filth and claimed its victims where uncleanliness and untidiness dwelt under the same roof. Ignorance and superstition have caused man to view this pestilence as a thing of supernatural origin and a punishment for national sins, whereas it is too true that small-pox and cholera, like the plagues of centuries past, owe their existence to the unhealthy conditions by which we are surrounded, and to the irregular and unsanitary lives which characterize large numbers of people." Until scientific

sanitation began to engage the attention of state and municipal authorities, the plague returned as punctually to the cities of Europe as small-pox did during the last century. At present the percentage of fatality, not only in small-pox, but in all zymotic diseases, is steadily declining as sanitation becomes more rigidly enforced in crowded districts, in spite of the ill effects of vaccination and other reactionary devices which the doctors from time to time, aided by unjust legislation, have inflicted upon mankind.

Isolation and sanitation have robbed small-pox of all its terrors. In combating the ravages of this pestilence it must be admitted by all who have carefully studied the subject that the preventive art of medicine (hygienics) has accomplished infinitely more than the remedial. Cleanliness is the great scientific protection against diseases, and especially against the contagion and infection of zymotic or filth diseases. All other so-called prophylactics or protectives of a medicinal nature are viewed by the practical sanitarian as empirical, unreliable and worthless subterfuges. "Pure air, pure water—internally and externally—plain, wholesome food, temperate habits of life, and plenty of exercise in the open air are Nature's health-producing, disease-repelling agents."

As regards so-called practical hygiene, *i. e.*, the prevention of disease, it is evident that we may try to attain this in two very different ways, since we may either attempt to avoid or remove the causes of disease or to render the body less susceptible to the action of these causes.

Attention to diet, exercise, clothing, place of residence and habits of life is a well-known safeguard against disease. It is obvious that hygiene is a subject of scientific interest, not only to the student and to the medical man, but also to the political economist, the legislator, and to the people generally. Its discoveries ought, therefore, to be of great practical importance to all.

But when we examine the amount of knowledge as to the causes of disease which is actually possessed by the majority of fairly well-informed and intelligent people, and note how much of it is mere vague conjecture, untested theory, and baseless assumption, and withal how hopelessly unconscious these people are of their own ignorance of the subject, and how promptly and confidently they will undertake to advise what should or should not be done to prevent disease, we cannot wonder that the public at large is confused at the very contradictory assertions made to it, and con-

sequently hesitates as to what should or what can be done to prevent disease. The truly scientific sanitarian will promptly admit that his knowledge is scanty and defective, that he cannot assert that the measures he proposes are the best possible measures; but only that they are the best that he can at present devise, and that in the present rapid progress in sanitary science and its application for the benefit of mankind it may be that within a few years, at farthest, some better means may be devised for the attainment of the results desired. Imperfect as is our knowledge of the ætiology of disease and the prevention thereof, it is nevertheless far in advance of the popular practice, because the means of prevention cannot be had for nothing.

The greatest obstacle the physician encounters in the practice of preventive medicine is the fact that the mass of mankind is unwilling to sacrifice present comfort for possible future benefit. Sanitary measures, to be most effective, should be carried out at those times when laymen see no special cause for anxiety, and often, therefore, appear to involve unnecessary worry and expense. When such measures are most successful their value may be least appreciated. If the expected disease does not appear, the physician's warnings are considered to have been a false alarm, and the precautions taken to have been excessive if not unnecessary.

The relatives and friends of the typhoid fever patient who will not fail to gratefully remember the care and assiduity with which a physician may have treated the patient would no doubt have thought the same physician obtrusive and troublesome had he taken one-half the same trouble to see that the cause of the fever was avoided.

That the labor required in the pursuit of personal sanitary measures often becomes in itself a source of pleasure—as, for instance, in the preservation of personal cleanliness by ablution—and that the expense incurred in most cases is the best possible investment of capital is not and cannot be appreciated by the masses. It is, nevertheless, an encouraging sign of the times that in the work of the sanitarian the general public is growing every day more and more interested, and more in sympathy with the movement to prevent disease and prolong life.

PRESENT RESPONSIBILITIES FOR FUTURE CITIZENSHIP.

By Edwin R. McIntyre, B. S., M. D., Professor of Nervous and Mental Diseases in the Dunham Medical College of Chicago.

Read before The Missouri Valley Homœopathic Medical Society, at Omaha, Neb., October 24, 1901.

In these latter days one hears much of our progress. And this is no vain boasting. In no period of the world's history has such marvelous progress been made. But while this is true as regards many particulars, are we not drifting rather than progressing in others? And whither are we drifting?

Probably at no time in our history have these questions been so forcibly brought to the front as during the past few weeks. And it may not be entirely unprofitable to pause and consider briefly the possible, if not the probable, tendencies of society at the present time.

History repeats itself, and the downfall of nations has ever been the result of the corruption of the citizen rather than of real or fancied differences between classes or conditions of men.

This may seem a peculiar topic to bring before a convention of medical men; but I am persuaded that medical men, above all others, should be interested. We are living in the present, but in a sense, at least, we are living *for* the future. Men say they fain would have lived in the times of the ancient philosophers, and sat at the feet of Plato and Archimedes, of Socrates and Confucius. They bewail the absence of such giant intellects at the present time. But the fact is they are only scarce because so common.

Plato was a great philosopher; but we are told that he became much displeased with his friend, Archytas, because he constructed useful instruments on mathematical principles; and that Archimedes apologized for a supposed perversion of the same science in constructing inventions that became the wonder and admiration of succeeding generations.

The Athenian philosophers taught the use of mathematics for the developement of the mind alone; but thought it wrong to apply it to useful inventions for the purpose of lightening the burdens of life, or lifting them from the stooping shoulders of the

world's weary workers. They also taught that medical science, such as they had, should not be applied in easing the pains or prolonging the lives of sick and suffering humanity, to the great advantage of the sick, it may be, considering what the science of that time was.

In some respects their civilization may have equaled or even surpassed our own, as in poetry, philosophy and eloquence. But the proud boast of our time is the application of all knowledge to the convenience of humanity and the comfort and happiness of man. As a result of the activity of our minds, which is the divinity within us, progress has become our watchword, and with it lessons to teach us how to render our bodies vigorous. Yea, more, it tells us of something more than a useless aim in life, and warns us, could we but hear the warning, that in this life we are expected to be something more than a mere empty echo.

But in our attempts to accomplish something for the happiness of man we are liable to forget man himself. And if he depart in the least from what society is pleased to demand of him in morality and honesty, we join in the frantic wail for his blood, without inquiring into the cause of his misdemeanor.

Vituperation is not argument, and personal abuse reforms no one. Let us indulge in neither. All men have a right to their opinions, so long as they are *honest* opinions. But it would be no transgression of rights were we to inquire into the origin of some men's opinions. Are they the result of education, environments or prenatal conditions?

For several years we have heard much about legislating men into equality in life, on the one hand, and letting them fight it out without law or government, on the other. The one proposition is as reasonable as the other; both are but grotesque absurdities.

To be equal financially implies mental and physical equality, conditions not subject to direct legislation, because they imply equality in birth and environments. Man is not consulted as to time, place or environments of his birth; so he is denied the privilege of directing his own disposition or mental development. And it is not the fault of nature if he is not born right, and she should not be held responsible for the result or expected to supply any defects.

The student of psychology can scarcely avoid the conclusion that in a large proportion of the human race there exists some organic defect in the central organ of the mind which may remain

latent for life under favorable circumstances, or be ignited by some exciting cause in the body or external to it. These defects are rarely discoverable by any means now in use, and are only known to exist by their effects. We are not able to discover, by the microscope or chemical analysis, the slightest difference between the brain-cells, if examined at the end of an ardent day's mental labor or of a quiet night's rest. But who shall say there is no difference?

That insanity is increasing from year to year is proven by our asylum reports. And in keeping pace with the increase in the number of insane in our institutions is the steady increase in the number of murders and suicides.

In 1890, there were in this country 2,040 suicides and 4,290 murders; in 1891, 3,331 suicides and 5,906 murders; in 1892, 3,860 suicides and 6,704 murders; in 1893, 4,436 suicides and 6,615 murders; in 1894, 4,912 suicides and 9,800 murders; in 1895, 5,759 suicides and 10,500 murders.

These figures are the latest now at my command, and are certainly startling in their revelations. We cannot attribute these conditions entirely to faulty economic conditions, because the increase has been about the same each year regardless of changes in these conditions. Indeed, in 1893, when we were in the midst of the worst period of financial depression the world has ever known, there was a decrease of 89 in the number of murders under the year before, when times were comparatively easy. And the next year when times were no harder the number increased by 3,185.

What is the real cause? Is it *in our environments* or *in us?* Have the wrongs, if any there were, been *to* us or *in* us?

It is a sad but true statement that the average American mother devotes a large portion of her energies to ways and means of escaping or preventing motherhood. This is particularly true of those who, because of social, physical and financial conditions, are capable of raising children sound in body and mind. At the same time those of the lower classes of foreigners, living in squalor, filth and ignorance, are raising large families. Now and then some society woman fails in her attempt to prevent conception, or to check it in its progress, and a child is born. This she gives the best possible care and training; only to discover, all too soon, that it manifests a cruel, selfish and despotic disposition, on which she looks with horror and amazement. She wonders where it got

such a violent and uncontrollable temper. This is but the logical sequence of her own mind before its birth. It is the offspring of a murderess who was disappointed when it was not destroyed. It drew its nourishment from a mental desire to take its life, because, forsooth, it was not fashionable or convenient for a lady to become a mother. Society, as we see it to-day, is a hothouse in which to raise murderers.

But this is only a single one of the thousands of factors exerting prenatal influences, resulting in mental and moral degeneracy. If a child is begotten in crime, by what mode of reasoning shall we expect it to develop into a saint? We say this or that child looks like its father. If this be true is it not reasonable to expect it to partake of his mental tendencies at the time it was begotten? It has been said, "Tell me what a man eats, and I will tell you what kind of a man he is." Rather show me the character of a man's ancestors and I will tell you what kind of a man he is.

Drunken fathers have begotten idiots, imbeciles and monstrosities but little removed from the lowest brute. I know a family of five children, three of which are vegetating idiots, because the father was drunk when they were begotten. And Bourneville found in 1,000 cases of idiocy, 620 or 62 per cent., gave a history of alcoholism, in 471 on the part of the father, in 81 the mother; 65 both parents. In 57 of the cases intoxication at the time of conception was ascertained with certainty.

Crime seems to run in certain families, sometimes the parents being respected but possibly not known by their neighbors. I once knew three generations of a family, every member of which was a thief. Other families raised their children in the same environments, outside the family, the children attending the same school, who were honest, many of them being devoted Christians. True, part of the tendencies of this family were doubtless due to home education, but only a part. The three great factors in the formation of character are heredity, environments and education. Even in cases of vicious parentage, proper education and environments have been known to eliminate much of the criminal tendencies; but rarely or never to entirely eradicate them.

If our institutions are to be perpetuated we must look less to imaginary wrongs to other races across the seas and more to purity at home. We must seek less for position and place for self and more to a posterity free from political or other dishonor. Egotism must give place to fraternity and true patriotism in the present, that they may exist in the future.

Children have a God-given right to be well-born, morally, mentally and physically. The habitual criminal, either political or civil, has no right to propagate his kind. *We* are responsible for future citizenship.

It has been said that if we could look into the future half a century, we could find men bending their energies more toward a good moral and physical inheritance than toward the accumulation of wealth and notoriety for self. But men will change greatly if ever this happy prophesy is realized. For at present we are not progressing in that direction. But we are struggling in a pitfall of ignorance and fads, attempting to protect society as best we can by punishing some criminals, destitute of a political pull, by laws that do not recognize the difference between the wilfully wicked and he who has inherited an organic defect; and we make no effort to improve the man. So we not infrequently punish the wrong individual, since he cannot, in justice, be held responsible for the legacy. This must ever be so until by scientific investigation we learn when and how to punish and when to restrain and treat, that society may be protected and justice done to all.

It would be no injustice to any one were habitual criminals rendered incapable of propagating the species. We never can really know how to deal with these questions, except by long scientific investigation. Our prisons and asylums are full of material for such investigations, did our laws but recognize their importance.

I would have a committee of medical men, not politicians, in each State, whose duty should be such investigation, after thorough and prolonged research and investigation, each committee to report to the State and the State to the General Government. Then State and federal laws could be enacted or changed in accordance with such reports that would protect society, do justice to all and restrict the present increase of hereditary criminals.

The jail criminal is not the only one who should be investigated, but that other large class who were not convicted because of a political or financial pull.

This, to my mind, is the most important possible step toward perpetuating our institutions. Science is slowly but surely leading men toward a higher plane of living, and proportionately greater enjoyments of life. We are gradually learning that to corrode the body destroys the character of the present and future generations. Gradually we begin to see that vice and crime are manifes-

tations of disease, mental or physical. But error is deep-rooted and must be cut away even if it cause great pain to ancient ideas. Criminals are not all in prison, many of them being in positions of trust—and profit—placed there by a deluded people, many of whose delusions spring from a golden basis composed of a stated quantity of gold per vote. Greed and avarice, too, frequently constitute the veil that obscures the conscience until it does not look very black to buy or sell votes for transitory positions in which principles bring fabulous prices. But, to an outsider, it looks bad when a poor alderman, who served the city a few years for $150.00 a year, can pay $15,000 cash for a house in which to live.

Promises are also good vote-getters, but are not always remembered by the successful candidate. So dishonorable have been the means employed to get a position or place that it is fast becoming a reproach in the minds of decent people for a man to become a candidate for office. When honor and truth are thus obscured in the minds of men, what can we expect of their children? Are we politically better or worse than we were half a century ago? Does the young man enter politics now with the honor and integrity of our forefathers? Or is it not "money instead of the honor" that gives him a desire to be President? These questions are of vital importance to our American Republic. We *are* responsible for future citizenship.

Given certain mental tendencies in a man and his wife, and it is easy to predict the character of their children. Even temperaments are important in shaping the character of the child. Let a man and woman, both lymphatic, fat, fair and flabby, marry, and their child will never get beyond thinking he will do something some time. Or if both be highly nervous, the child will act from impulse alone, always being able to tell what he might have done or been. Like temperaments, criminal tendencies or organic defects in the parents are intensified in the child. In most cases nature looks after this, in that our affections go to our opposites, else the human race would long since have degenerated into a state of idiocy or imbecility. Let us, as medical men, consider these facts, read the signs of the times and profit thereby.

The one trait of human character which is the motive power to the political world is a desire to elevate self, regardless of the rights of others. When external circumstances are adverse and strength of character deficient, men wrap themselves in a mantle of so-called piety and heave a religious sigh that may deceive the

very elect. Nothing has been more distorted or used for baser purposes than the Bible. Never have blacker crimes been committed than in the name of religion. Greed and avarice are often mistaken for Christian charity. Selfishness has become the watchword. We open our eyes at birth and close them again after a brief period we call life, spent in a constant struggle for a bit of earthly possession, all to end in a home 3x6 feet in some lonely cemetery, by the world forgotten. But our deeds and life live on in unborn generations. So *we* are responsible for future citizenship.

Children have a right to be well-born, mentally, morally and physically; and only those who can beget and bear such should be permitted to beget or bear any. The farmer looks to the improvement of his stock by only permitting the best of his herd to propagate; but his children and grandchildren may be mental or moral monstrosities. They commit crimes, are sent to prison, released, beget children, commit more crimes and go to prison again; the children in most cases but a few days behind on the same road. They are permitted to vote, and have a loud voice in the government of the nation, having no more ideas of the dignity and responsibility of citizenship than the cattle of the field. Is the citizen of less importance to the country than the horse or cow? Yet many of our citizens are so thoroughly saturated with selfishness, the legacy from their parents, that they stand ever ready to barter their birthright for a mess of pottage, which is more than it is worth, their principles for cash or their votes to the highest bidder. Especially is this true of some in positions where votes bring good prices. In order to obtain such positions they travel up and down telling the dear people of fancied wrongs they know do not exist or never can. This is a class of crime not defined in our penal code or punishable by any law now in force. But what will their children be?

Possibly similar to those of Ada Juenke, who was born in Berlin, in 1740, of parents who were believed to have been respectable; but she became dissolute and worthless. Her descendants numbered 844 when Professor Pellmann reported having traced 709 of them in the records, from youth to death, or their present abode. Some of the remainder have been lost in the record and some were still too young to offer useful instruction. Of the 709 so traced, 106 were born out of wedlock, 142 were beggars, and 64 more lived on charity; 181 of the women led disreputable

lives; 76 were convicted of serious crimes, 10 of them probably being murderers; 7 certainly were, for they were sentenced and hanged.

Massachusetts has paid over $1,000,000 during the last century for prosecuting the descendants of a single criminal. These examples illustrate the terrible danger which one criminal may inflict upon society.

1209 Masonic Temple.

SOME LETTERS REGARDING VACCINATION.

Wm. Jefferson Guernsey, M. D.,
4340 Frankford Avenue, Philadelphia.

Now that the practice of vaccination has become a debatable question, it would appear that many physicians have adopted the convenient theory that "the easiest way to get rid of temptation is to yield." There is no denying the fact that it requires considerable courage to be aggressive even in the most justifiable cause, and it is assuredly pleasanter and more profitable to do what the numerous political Health Boards require, and to pocket the fee therefor, than to refuse the pecuniary benefit and acquire the reputation of being a "crank" in the bargain. The apparent uselessness of this minority opposition is a *béte noir* to the physician who is not thoroughly awake to the conscientious side of the question. Perhaps it is hardly just to put the subject so strongly, for there are doubtless medical men "good and true" who, though not yet convinced of the evils of vaccination, are, nevertheless, trying to govern their professional lives from a moral standpoint, and who, if thoroughly satisfied of the inefficiency of vaccination, of the danger attached to the practice, and of the prophylactic power of other agents, would at least give their position more thoughtful consideration.

In 1875 the writer pocketed his diploma during an epidemic of variola. He had the lack of patients common to the recent graduate; he had a father long in practice who, though not afraid of any contagious disease (or other duty), had found it inconvenient to be handicapped by small-pox cases, and who very willingly turned them all over to the "young doctor." So for several months many scores of people, old and young, rich and poor, black and white, were treated by him. He vaccinated, of course. Every physician did. They didn't know any better.

After a time somebody said that if vaccine matter would protect against variola a potentization of that substance would act more thoroughly as a prophylactic; just as a potentized drug is believed to be more effectual than the crude substance. At that date "potency" did not mean more to him than the third or sixth decimal; it was not carried out to what some would call an extreme, but the theory itself that was involved. It came to his attention rather too late in the season to be put to any practical test, but it made him think with regret of the many vaccinated patients who had had the small-pox; of the many who might as well have had it; of those who would doubtless have remained well if the enthusiastic young vaccinator had let them alone; many who finally worried his conscience with grave symptoms that might never have been developed but for his interference with Nature.

It took some time to convince the medical profession that it had not been a good thing for George Washington to have had phlebotomy performed three times for tonsillitis; and it required a good many sore arms and sick bodies and cow-pox patients and failures to protect to arouse an opposition to the practice of vaccination.

Next came the possibility of evading the compulsory law as applied to school children, and inoculation with potentized vaccininum was resorted to. Last summer, however, the Philadelphia School Board commenced a search for the "mark." The child had to have a cicatrix, if not on the face from the disease, why then on the arm or leg from the doctor. Well, the thought of having *any* remedial or preventive measure *forced* upon a legally graduated physician is bad enough, but when the law goes still further and declares that one's patients shall not attend a school for which they are taxed to support without submitting to a practice of doubtful efficiency and offensive to reason, the imposition becomes more apparent, as does the physician's duty toward the patient whose health is at stake.

Having gone thus far, but one step remained, which was to positively refuse to vaccinate "for love or money," especially the latter, which seems to be the chief incentive. Fearing that this stage, which had only been arrived at after years of deliberation, might still be a prejudiced one, the idea of writing a personal letter to a number of physicians who were known to be good prescribers suggested itself. The list of names was made up of course from among those who had not expressed themselves on the subject and it comprised eighteen. At the time no thought was entertained of

publishing the answers, but they are so interesting and instructive that it seems like neglecting a duty to hide them from those who might be brought to a study of the question by a perusal of them. To avoid the appearance of favoritism they have been arranged in alphabetical order. Two of the number did not reply; one unjustly suspected publication and objected to it, and his letter was returned. Of the fifteen herewith submitted, nine have declared themselves as refusing to vaccinate under any circumstances; two failed to state their practice, though opposed to it; three do it under protest, and one ridicules it, but does it. The opposite side of the question is partially represented by Dr. Dillingham, who, in answer to a second personal letter charging him with being an exception, replied that Carlisle had said that "the minority was always right," but the doctor fails to recognize the fact, that if the subject was applied to the entire profession that his position would be reversed. Our old and much respected friend, Nash, writes with characteristic bluntness. There is more than a grain of truth in what he says, but to those who know him best there is a bigger heart back of his waistcoat than his letter would seem to indicate. Dr. Carlton does not approve of the use of nosodes under any circumstance, and his request at the close of his letter has been respected.

From numerous inquiries it would appear that *Malandrinum* is decidedly the most reliable prophylactic against variola; that the 30th potency is the best to use; that a repetition of it is safer than a single dose. To those directly exposed, or thinking that they may be, I give twelve doses to be taken once a day for a week, and then once a week until finished.

The Letters.

B. LeB. Baylies, M. D., 418 Putnam Ave., Brooklyn, N. Y. Vaccination inflicts a serious disease which in many cases is almost malignant, and is sometimes the vehicle of other forms of disease, *e. g.*, of syphilis and tetanus; and it impairs vitality.

I recognize the credulity of statistics that populous towns and bodies of troops which have been wholly vaccinated have been pre-eminently afflicted with small-pox, while other bodies not vaccinated have been exempt, as indicating the *impotence* of crude vaccination for prevention.

On the other hand, provings made by Dr. Fincke made with *Variolin* and *Vaccinin* indicate a partial similarity of the two diseases, variola and vaccinia.

As a homœopath, however, I am opposed to crude drugs and any form of crude virus. I also believe that a healthy body is best protected from disease; and unless compelled do not administer drugs in any potency. When compelled to vaccinate by demands of Boards of Health I administer one of the potencies of *Variolin* or *Vaccinin*, usually the former, 9c. to 45m., Fincke, a powder, and scratch the same into the arm, certifying to the fact of vaccination. I do not urge any to be vaccinated, even in this manner; they come to me if conditions necessitate. My patients usually withdraw their children from the schools rather than have them poisoned. The virus employed by the public vaccinator, you know, is simply small-pox modified somewhat by transmission through the animal. Reynolds's System of Medicine, from which I have seen extracts, asserts experimental proof that the two forms are identical, the variola convertible into vaccinia.

* * *

Joseph A. Bigler, M. D., 58 South Clinton street, Rochester, N. Y. I do not favor vaccination and do not practice it, for the reason that it does not prevent an attack of small-pox. There is no preventive to that disease, as an attack of that disease does not prevent a recurrence. I am in favor of adopting Dr. Fincke's method of administering *Variolin* in a potenized form, the 9m. potency. In this potency there is no danger of infection, as it is far removed from the substance, and it becomes the similimum to that disease. The only difficulty is to administer it with the consent of the patient or friends, without which I do not feel disposed to do it. I believe that it is an established fact that vaccination and re vaccination have not prevented small-pox, and I believe that is established in the experience had in the Franco-Prussian war when both armies were thoroughly vaccinated and re-vaccinated. The same experience was obtained in our army in the Philippines. A case occurred here last winter with one of our Health Inspectors who was taken to the pest house with a case of confluent small-pox several weeks after vaccination.

* * *

Clarence Willard Butler, M. D., Montclair, N. J. Vaccination is the introduction into the human economy of a disease. This disease is usually, though not always, a very mild one in its primmary manifestation. It is similar to small-pox, that is to say, *like it*, but not *it*. Therefore, in a rough way, it is homœopathic,

and *a priori*, we should expect it to act as a prophylactic for that disease. Somebody has said that there are three great forms of mendacity—the lie direct, the lie indirect and statistics. The superlative form of the statistical lie is medical statistics. But so far as they may be believed at all in respect of this matter of vaccination, they substantiate the supposition made upon theoretical grounds, that vaccination is probably a modifier and sometimes even a preventive of small-pox. If now vaccinia were a simple disease, brief in its duration and harmless, it would seem wise to avail oneself of all its prophylactic powers. Again, even though vaccinia presented some objections and at times produced serious results, it might still be desirable if the danger thus partially provided against were sufficiently imminent or sufficiently severe.

The question then, "Shall I be vaccinated?" practically resolves itself into the questions: How considerable an immunity may I expect from vaccination? How considerable dangers do I risk from vaccination? And how severe and dangerous a disease am I trying to escape through vaccination? Let us take these questions in reverse order. Small-pox is not a very dangerous disease. If we had no Boards of Health to seize upon the unfortunate victims and thrust them into unfavorable surroundings the death-rate from small-pox should not be one per cent. The danger of disfigurement—of pitting—is a good deal larger, and is important just so far as one may consider their appearance above their health. In addition to this small-pox is one of those diseases which, when not maltreated, has the power, as have some others (typhoid fever, for example), of so rejuvenating the system that, accidents barred, the unfortunate fortunate may look for long continued healthfulness.

Really the most serious aspect of the question at the present time is the fact that, still laboring under fears bequeathed to us from an early and unsanitary age, power is given to local authorities to take the small-pox patient from the better influence of his own home and thrust him into a pest-house, thus insuring the worst possible condition for recovery, especially the most unfavorable "suggestion."

In the brief but emphatic language of one who knows, "It is a d——d inconvenient disease." Now as to the other questions. It may be frankly stated that the amount of immunity insured by vaccination is not large at the best, while vaccination itself produces a disease the exact counterpart of small-pox *in its results;*

for it, like some of the well recognized diseases which arise involuntarily (measles, for example), has the power to arouse all the dyscrasia, the unhealthy tendencies of the system, and make them active for harm. Let us then put it this way—shall the man who, under ordinary circumstances, has not one chance in a hundred thousand of contracting a disease which is not particularly dangerous (though very inconvenient), for the sake of avoiding this remote chance, take steps, the value of which is problematical and the result of which, in seventy-five per cent. of the cases, is more or less harmful? Just answer that question for yourself.

* * *

Edmund Carlton, M. D., 62 West 49th St., New York. In my opinion vaccination affords but slight, if any, protection against variola, and is liable to cause great mischief. To illustrate, I heard, from one of his near relatives, the experience of one of our judges recently deceased. His children were "successfully" vaccinated. Presently two of them took small-pox and died. When the next stringent Health-Board-Public-School-Vaccination order reached his remaining children he had an interview with the officials. His children were not re-vaccinated. The relative alluded to has four sons in the public schools. They have recently encountered the imperative order to be "successfully" vaccinated. Before their parents realized what was going on one of the four had been vaccinated with "pure" virus furnished and inserted by a physician employed by the Board of Health. He was made sick in consequence, and is now under my professional care. Then an appeal was made to me to vaccinate the remaining three that they might have a modicum of safety thereby. We canvassed the situation thoroughly in all its bearings. They could not afford to take their children from the public schools, and were not able to undertake the legal fight which I urged. I consented and vaccinated the children; and my conscience is clear. The virus was obtained from the Board of Health. All was done under duress. As soon as the virus "takes" the boys will have medicine to counteract the mischief as far as possible.

Anticipating your rejoinder, let me say that a certificate that the person was safe by reason of having taken potentized *Vaccininum*, *Variolinum* or *Malandrinum* would not be accepted by the authorities. Furthermore, I reject utterly the idea that potentization changes the nature of the drug. If you have any lingering notions favoring such a heresy, read Hahnemann's "Defense of the Organon." I object to vaccine virus and kindred drugs.

Let us hope that this state of siege will not last forever. Sensible aggression by the enemies of vaccination may succeed in stopping the practice. Deliver us from cranks and quacks! Meanwhile some ways and means of relief exist. Those who send their children to private preparatory schools and to college can avoid vaccination if their backs are stiff enough. Personal experience has taught me this. Just say that it shall not be and that swift and severe punishment will come to anyone attempting it. There will be unpleasantness and victory.

If I or mine get small-pox that one will be isolated upon the top floor of my house. All necessary sanitary precautions will be taken. My house is my castle. No one can forcibly enter and take me to a pest-house. Whoever attempts it will be resisted. The law gives me that right.

Briefly, as to small-pox itself; the cause of all this trouble. It is a great mistake to minimize it. The disease is loathsome and dangerous. Some victims will show disfigurement; occasionally one will lose his eye-sight; a few will die. But a series of brilliant cures will follow strict individualization and the law of cure. This you well know, of course. To my mind it is necessary to keep reiterating the truth.

If you print any of the foregoing I enjoin you to print all.

* * *

Erastus E. Case, M. D., Sage-Allen Building, Hartford, Conn. I stand with you about vaccination. I have administered medicine and had the certificates accepted until last year, when a young Jew was put in charge of schools, making examinations of the children, using a tongue depressor from mouth to mouth, cleaning the instrument, as some say, upon his coat sleeve.

Since my certificates have been rejected I have utterly refused to vaccinate any one, perhaps unwisely, for it has been at serious loss to myself in patronage; but as I tell the people I cannot conscientiously do what I think prejudicial to health. I have faith that all will come out right at last.

* * *

Thos. M. Dillingham, M. D., 8 West 49th Street, New York. I vaccinate all patients who come to be vaccinated, tell them plainly that they are being poisoned, and that they ought to have six months' treatment afterward to get their health back.

Most people suffer very little from it, so far as my observation goes, and some suffer severely and as long as they live.

I am convinced that vaccination will stop an epidemic in a large city. Quarantine is so insufficient that vaccination must be resorted to until we can have better regulated and more honest city government.

A patient came to me last winter from a Boston physician who was opposed to vaccination, thoroughly broken out with small-pox, and had to be sent to "the Island" for six weeks.

Our old friend, Samuel Swan, used medical vaccination giving a high potency. Three of his grandchildren, however, had the small-pox in spite of the preventive, and turned his house into a hospital. On the other hand, Dr. Clark, of London, told me this summer that, after long experience, *Vaccine* 3d to 6th potency, is a better preventive than vaccination and never does any harm.

I have not made up my mind whether I shall vaccinate patients this winter or not. Shall try Clark's low potencies first. So far as my experience goes the higher potency is no substitute whatever for vaccination.

If you can find out my opinion of vaccination by reading this I congratulate you.

* * *

James T. Kent, M. D., 92 State St., Chicago, Ill. I have looked over the vaccination question pro and con. I have watched it many years, examined the evidence on all sides I have come to the conclusion that the evidence in favor of vaccination is extremely doubtful. On the other side vaccination has done an immense amount of injury to the human race, and to individuals. It has made many people sick, it has produced grievous ulcers, and, I have no doubt, mixed up many constitutional complaints. Taking everything into consideration, I see no grounds upon which I should favor vaccination. I have for many years refused to vaccinate; if the patient must be vaccinated he must go somewhere else to have it done; I will not assume the responsibility. I have used quite a number of remedies for the purpose of protection at such times as the prevailing of the disease. I have some evidence in preventing the disease by suitable medicines.

* * *

Samuel A. Kimball, M. D., 124 Commonweulth Ave., Boston, Mass. I am entirely opposed to vaccination and have not vaccinated anybody for fourteen or fifteen years. If patients wish to be vaccinated I give them *Malandrinum*. None of these have taken small-pox, and so it would appear to me just as efficient as vaccination, as that is the argument the vaccinationists use.

E. B. Nash, M. D., Cortland, N. Y. In regard to vaccination I have no faith in its protective power, and have seen much harm from it.

I tell my patients so, and if they are willing to have their children poisoned, pay for the vaccination, and suffer and pay, too, for what follows, all right, I vaccinate. It is a good way to get even with fools and increase business for the doctor.

* * *

Edward Rushmore, M. D., 429 Park Ave., Plainfield, N. J. I never advise vaccination, but do it when required. I always inform of its dangers, while allowing that it affords measureable protection. I always give a dose of *Sulphur* four days after vaccinating, and have never seen a bad arm from my vaccinating, such as I have seen in some cases done by others. To such patients as do not insist on being vaccinated I give a potency of *Vaccininum* to take when liable to exposure as in travelling or shopping.

Compulsory vaccination I regard as a horrible crime and I advise to resist it wherever possible.

* * *

C. Carlton Smith, M. D., 875 North 20th Street, Philadelphia. I do not believe in vaccination for the reason that it *does not* prevent small-pox. And, second, that it does vastly more harm than good. To prove my want of faith in it I do not vaccinate myself nor any member of my family. I make my patients immune by an internal specific *Malandrinum*, which as far as my personal knowledge extends is a perfect preventive and absolutely safe. We must not forget that vaccination came through an ignorant source, for history tells us that Jenner was not a graduate of any medical school nor any university. He took some lessons under Jno. S. Hunter in the way of surgery and left his preceptor to go into the country to practice that specialty. His whole knowledge of vaccination came from a dairy maid.

* * *

J. W. Thatcher, M. D., 3500 Hamilton Street, Philadelphia. Vaccination is not protection. Variolation, the internal administration of the remedy to cure the susceptibility, is the only rational exemption from small-pox.

* * *

Rufus L. Thurston, M. D., 260 Clarendon Street, Boston, Mass. I regard vaccination as a horrible superstition, based upon ignor-

ance and commercialism. I refuse in every instance to vaccinate or to take part in septic inoculation, for to my mind, although legally authorized, it is a criminal proceeding.

* * *

W. P. Wesselhœft, M. D., 178 Commonwealth Avenue, Boston, Mass. I have not vaccinated for ten years and shall never vaccinate again. I consider it an awful risk to run and that it is not prophylactic against the disease. Vide, the horrible repetition of vaccination in Manila and on the transport ships.

Every man should investigate the subject for himself and not be too much influenced by so-called "authorities."

I am not only declining to vaccinate, but endeavoring to influence those who come to me against the operation, and am always willing to furnish them with literature on the subject.

* * *

G. W. Winterburn, M. D., 215 Madison Avenue, New York. I neither believe in nor practice vaccination. My views remain unchanged, and as expressed sixteen years ago in my book on the subject published by Boericke & Tafel.

BOVINE TUBERCULOSIS NOT TRANSMISSIBLE TO MAN.

By Edward Moore.

In the HOMŒOPATHIC RECORDER for September last, I read an article on "The Transmission of Bovine Tuberculosis to the Human Subject," by Dr. Wilbur J. Murphy, and some of the statements made are worthy of comment.

Dr. Murphy says: "Recently the daily papers have contained a number of articles on Dr. Koch's reported statement that bovine tuberculosis was not transmissible to the human subject through the medium of meat containing the germs of the disease entering the system as food."

Had this opinion been ventured by one less prominent it would have been but lightly considered, if at all, but from one so identified with the study of germ life, and so long a student of the growth and development of parasitic diseases, his recent article regarding tuberculosis is one that cannot be passed without consideration, as it is in direct opposition to the general views regarding the spread of tuberculosis.

"Published interviews with prominent and competent medical men in this country concerning Dr. Koch's recent issue show that

his views are not in accordance with those held here relative to the dangers of consumption by means of food affected with tuberculosis."

The interviews and the articles that have come to my notice given by scores of physicians and veterinarians, are based on the belief that tuberculosis is commonly transmitted from cattle to man, and that the sole medium of such transmission is meat and milk, and this belief is not confined to the scores just referred to, but is held by hundreds of thousands of physicians, biologists and veterinarians. It seems presumptive, then, to say that such a vast number of scientific men are wrong, but they are. Among them are many very bright and able thinkers and indefatigable workers; then how could it be possible for so many to preach a false doctrine, and to lend their names and reputations to such a cause? Teaching other thousands of students of medicine the same errors, and frightening the consumers of meat and milk, and aiding, yes, demanding legislation to stamp out bovine tuberculosis (a thing absolutely impossible by any method ever outlined), and causing within the past ten years a loss of cattle and money amounting to millions of dollars in the United States alone.

Only one explanation occurs to me, viz.: The blind faith that the rank and file have in a few of their leaders. It is best exemplified by comparison with the veiled prophet of khorassan in Thomas Moore's Lalla Rookh.

Dr. Murphy testified to it inadvertently when he said of Dr. Koch's statement that bovine tuberculosis was not transmissible to the human through meat, etc. "Had this opinion been ventured by one less *prominent* it would have been but slightly considered, if at all, but from one so identified with the study of germ life and so long a student of the growth and development of parasitic diseases his recent article regarding tuberculosis is one that cannot be passed without consideration."

It is the prominence of the man, not his facts, that our scientific men worship. Dr. Koch is the same hypnotist who for years bade his subjects believe that human and bovine tuberculosis was transmissible, and they never doubted it. Now he waves his wand over them and says he has disproved their belief, and straightway we are advised that the statements of so high an authority cannot be passed without consideration. Many a man has seen evidence to discourage his belief in the transmission theory, but dared not face the jeers and scorn of the majority.

Several years ago I read a paper before the Albany County Medical Society on "Bovine Tuberculosis in Its Relation to Man," and it appeared in the New York Medical Journal, September, 1899. In that paper, and in subsequent articles in medical journals and the Agricultural Press, I discussed the claims made for the transmission theory, showing them to be weak and inconclusive, and furnished many facts tending to establish the non-identity of human and bovine tuberculosis. We have been told by many writers that it is impossible to experiment upon the human with bacilli from the bovine. Yet I have shown that thousands of people and children are undergoing "feeding experiments" all the time. I have found plenty of people, from infancy to old age, daily consuming milk from tuberculous cows, and many of them for years, and I did not discover a single consumptive among them.

If man is infected from the milk he drinks he gets that infection in a natural way, and not because he is placed under certain conditions in a laboratory. Therefore there is no better place to study transmission than at the farms where large numbers of tuberculous cattle are kept. It is generally conceded that human tuberculosis is infectious to mankind, and that bovine tuberculosis is infectious to cattle. We have said that hundreds of thousands of medical men believe that the meat and milk of cows transmit the disease to people who consume those products. The infection spreads from bovine to bovine much more readily and quickly than it does from human to human, yet in spite of this fact tuberculosis in cattle is a disease of the adult. Calves at the milk drinking age being rarely tuberculous, yearlings but seldom, two and three-year-olds more commonly so, and aged animals that have not had a taste of milk since their calf-hood are the ones to show the highest percentage of infection. At no age do they eat meat.

It is axiomatic that if milk plays so unimportant a part in the extension of disease from bovine to bovine its dangers to the human is not worth a thought. Why did all the doctors lay stress on cow's milk as the medium of transmission? Simply because they copied one another. They knew better, they knew long ago that the inhalation of tubercle bacilli was the chief medium of infection from human to human, and if we could obtain tuberculosis from the bovine there would be infinitely more danger from the atmosphere of the infected cow barn than

from the milk of infected cows but they did not stop to think. Nocard, Koch, Pasteur, Martin, Crookshank, Sternberg and others said it was so, and it was so.

Laws were enacted to protect people in cities from infected milk; no law was ever passed to guard the farmer and his family, although they were in front of the gun while the city people were out of range.

When the Special Investigating Committee of the New York Legislature, appointed by Gov. Roosevelt, began their study of bovine tuberculosis in 1899, I appeared before them and succeeded in establishing a grave doubt in their minds as to the truth of the transmission theory upon which our State Board of Health had been working for years, and I also advised them that their greatest duty consisted in a thorough investigation of it and suggested that every witness be examined on this point, and as all would naturally answer that they believed the disease to be communicable to man evidence for such belief should be asked for and the witnesses be cross-examined to a finish. I predicted that they would find that where cattle tuberculosis is plenty, human tuberculosis is so rare as to bear no relation to it; that while you are in the thick of bovine tuberculosis you are practically outside the consumptive belt.

They examined over sixty witnesses, more than half of them experts, and many of these witnesses were men largely responsible for the tuberculosis scare in this State, and on record as staunch believers in the transmissibility of the disease, but under oath they failed to furnish evidence to convince the committee, and the latter reported to the Legislature of 1900, and upon the question as to the communicability of tuberculosis from animal to man, said: "From the evidence taken this committee believes that tuberculosis is rarely, if ever, communicated from animal to man."

The fact that Dr. Murphy found some cows tuberculous after grazing in fields where consumptive people roamed and presumably expectorated proves nothing, and he says, "The cattle when purchased were presumably healthy." We are not told that even up to the time of slaughter they were suspected of being tuberculous. Thousands of tuberculous animals appear healthy, and it is just as likely that the cows were tuberculous when purchased as otherwise. Many experiments on animals have been made in this manner, that is, subjects were used "presumably healthy."

The large herds of cattle at Saranac Lake, in the Adirondacks, that had been subjected to the environment of consumptive people did not have a tuberculous cow in the entire number. Dr. Murphy did not tell us whether that abbatoir was thoroughly disinfected, etc., after the slaughter of the cows.

Those who will investigate the subject without bias must do as Dr. Koch has done, change their opinion. I paid tribute to the genius of Koch two years ago, while I believed him wrong on this particular subject, and now I thank God there is one man who, while occupying a most prominent position among scientific men, is not afraid to announce to the world that he has been wrong for years. Such a man is indeed scientific, in that he states the facts as he finds them, no matter what position he finds himself in. But I may say that we did not need a Koch, we simply required fair investigation. Milk from healthy cows is preferable to milk from diseased cows, but if we happen to drink milk from one or more tuberculous cows we need not give ourselves any concern about it.

[In connection with the above paper, the following from Albany *Journal* may not be without interest.—EDITOR OF HOMŒOPATHIC RECORDER.]

It appears after all that Albany and not Berlin is the home of the man who discovered that bovine tuberculosis is not transmittable to man, that Dr. Edward Moore for two years and a half has been upholding this theory in spite of fierce criticism, and has won substantial recognition from the State.

When Prof. Koch, of Berlin, the discoverer of the tubercle bacilli and the inventor of the tuberculin test, announced to the international congress in London that bovine tuberculosis was not dangerous to mankind, physicians who had been combating Dr. Moore's theory found in the German professor's declaration food for serious consideration, while physicians who had been converted to Dr. Moore's belief have hastened to congratulate him upon the acquisition of so powerful an ally as the great German specialist.

Dr. Moore is a graduate of the Royal College of Veterinary Surgeons of Great Britain, and a practicing veterinarian of many years' standing in this city. He has been studying the subject of bovine tuberculosis for about twenty years, and about two and a half years ago reached the conclusion that the disease is not communicable to the human system. He so declared in a paper read before the Albany County Medical Society, April 18, 1899.

Dr. Moore is the veterinary editor of the *Country Gentleman*, and his subsequent articles on the subject attracted a great deal of attention among breeders, veterinarians and physicians generally. During the past two years Dr. Moore has written a great deal in support of his contention that mankind was in no danger of contracting tuberculosis from cattle, and there is an abundance of documentary evidence to prove that to him and not to Prof. Koch is due the credit of the discovery that is now heralded as Prof. Koch's.

* * * * * * *

It was as the result of these investigations covering a number of years that he made his declaration before the Albany County Medical Society in April, 1899, that bovine tuberculosis was not a menace to human health. His contention was laughed at by the medical profession generally, but his defense of it, backed by the facts which he had been collecting, soon won for him respectful attention from some of the foremost doctors of the country. Some of these accepted his theory outright, while others, while admitting that he had a very strong case, declined to accept his evidence as conclusive, in view of the fact that Professor Koch, the discoverer of the tubercle bacilli, had declared that animal tuberculosis was dangerous to man. Among the well known doctors in this State who accepted Dr. Moore's theory were Dr. George E. Gorham, of this city; Dr. Leo Hartman, of Syracuse; and Dr. L. Emmet Holt, of New York City. Dr. S. B. Ward and Dr. Henry Hun manifested a good deal of interest in Dr. Moore's researches, but did not commit themselves to the extent of admitting that he had fully proved his case.

When the legislative committee appointed to investigate the subject of bovine tuberculosis was sitting in this city in 1899, Dr. Moore went before that committee, maintained that there was no danger to human beings from tuberculosis and challenged any one to produce a case in which man had contracted the disease from cattle. The findings of the committee were based largely upon the evidence of Dr. Moore, and the Legislature abolished the tuberculosis committee of the State Board of Health, so that two years prior to the announcement of Prof. Koch's discovery the State of New York had acted upon the precisely similar discovery of Dr. Edward Moore.

HOW TO LEARN MATERIA MEDICA.

By T. C. Duncan, M. D.

In the study of drugs the physician or student should not have the attention directed to disease nor its cure. When I entered the practice of firing according to similia I knew a little of two drugs, *Bryonia* and *Rhus*, also some of *Belladonna* and *Aconite*. Yes, another drug also, *Mercury*.

How Does Bryonia Act?

Of the first two I learned that one was worse on motion and the other was better for moving, but which was which I did not know. Finally it was decided that *Bryonia* was worse when moving. That was all I knew of that drug; but it also has better from motion, and other drugs also have a similar aggravation from motion. We are told that *Bryonia* has it most prominently. What is worse from motion, and why? That is the natural inquiry. But we are shifted into another field and told that it relieves patients who are worse from motion. Quiet cures many a case, so that does not answer. *What part* of the *Bryonia* body is made worse by motion, and *why* is it made worse? Key-notes are leaders in Materia Medica, but we must have more stepping-stones. Hundreds of physicians who learned only key-notes at college found that they had only the A, B, C, and were without a chart to guide in the study of *Bryonia* in any other work, so many fell back upon works on practice and many never got out of the fog.

Have we any work that tells us that *Bryonia produces* inflammation of serous membranes and fibrous tissue, and these are irritated by motion and compel quiet?

With this clue the symptoms of *Bryonia* are tied together and can be understood. But there comes a time when motion must be made; the brain is stupefied and motion seems to relieve. But as the senses awake motion again aggravates.

Where does the *Bryonia* begin its work and where does it leave off? How is the system relieved? Have we any work that tells? Do it by drinking large quantities of water that dilutes the flood, thereby lessening the amount of post organic matter and the congestion. Are sleep and urination the real avenues of systemic relief?

Where Does Rhus Act?

Take *Rhus*. It is easy to learn that it is better by motion, but the same symptom is found under other drugs, and again the next step in the study. Why is it better, and where is it better? Tell me where they can be found. What part of the body does *Rhus* especially affect, and how does relief of the *Rhus* poisoned body come?

The acting muscles are relieved by motion. Yes, and why do the muscles ache? They are sore, and stiff, and tired, we say. What do we mean? The back aches, the legs ache, so tired that the body feels hot; but still it is a relief to move, so *Rhus* tosses about even in bed. Now tell us why, and the course the drug travels to accomplish that end. We know *Rhus* poisoning begins at the skin and the muscle-ache comes later. The body is hot and restless. Why? Where is the most of the ache? In the back, of course. In the muscles? Yes, and deeper. The legs are so weak one cannot stand. "All turn out," is the explanation. What is tire? Is it a spinal hyperæmia that constricts the motor nerves that go to the legs and other parts of the body? Is that the string that ties the *Rhus* symptoms together? Is "better from motion" the latch string that hangs out—the flag of distress—the guiding symptom? But how does the *Rhus* body get relief? Motion causes more muscular waste and more hyperæmia. Quiet sleep, no food and urination are the natural means that bring relief. In what work can we get that sort of clue to the tough skin of *Rhus* symptoms—the *Rhus* pathology?

Then There Is Aconite.

That produces these key-notes: feverish, restless, apprehension. Here is another restless drug, but "the fear of death" makes it differ from *Rhus*, that is apathetic. Why is *Aconite* feverish? Why the restlessness? Why the apprehension? How does it attack the body to produce these symptoms? In what order do they appear and how will they disappear? Can we only learn from its use in disease? Cannot we find out from the recorded effects? Does any book tell us? Yes, they say that *Aconite* causes a chill first. It must before there can be a fever. Fever is looked upon as a reaction from a chill. What is a chill? What its modus operandi? That must explain the *Aconite* key-notes.

Dr. Bradford says *Aconite* causes "capillary congestion." Cer-

tainly! But, my dear sir, congestion is a result. Where is the beginning of the storm centre, which way is it traveling, and how will it end, and when? All these are found in its recorded symptoms. You strike the key-notes. How does the *Aconite* music go? Where can I learn? I did not learn at college, did you! How does *Aconite* produce such a systemic fright? What is its pathology? Does a chill explain? Let us see. A chill, a systemic fright, sends the blood away from the spine (See *Aconite*, chill up back) and the contracted capillaries sends the blood into the heart with a rush, then it is again driven into the surface with such force that the extremities tingle. This is the wind before the storm that frightens the brain and the apprehension appears.

What is the method of relief? Perspiration that lessens the blood stream. What drug acts like it? Have we any? I know of none.

The Course of Belladonna.

In *Belladonna* the pains come quickly and go quickly. *Belladonna* has a flushed face. How does it work up its pains and aches?

We all know it starts up the cardiac with great and sudden force, like a lashed spirited horse. It bounds into the circulation doubtless by holding the inhibitors. The blood rushes to the face and head. The face is red and the temporal arteries throb and ache. The capillaries ache from distension. There is partial paralysis. The pupil dilates and the sphincter vesical loses its grip. Profuse and frequent urination must help to relieve the *Belladonna* poisoned body. That body cannot lie down because the cerebral congestion is worse, as might be expected. He kicks, bites and strikes in self-defense when the congestion becomes severe. So we come to note grades of action of our drugs. Where among key-notes is that fact made clear? This congestion may be in any part of the body controlled by the sympathetic system. *Belladonna* has a pathology, and that is capillary congestion that may go on to inflammation. But it must have a rapid heart, congestion and ache of a throbbing character; and the relief must be characteristic, profuse and frequent urination. That lessens the blood flow and hastens venous stasis, inimical to *Belladonna*, forceful action. What drug makes the grand rounds like *Belladonna?*

How Does Mercury Act?

When I woke up from an attack of typho-malarial fever in '63, and found my tongue hung out of my mouth like that of an ox

on a hot day, I was told I was salivated. That was my first knowledge of *Mercury*. Then I had bilious spells aggravated by acid fruits, aching in right side, and finally my teeth loosened. That was before the days of amalgam fillings and bichloride antiseptics. Still we are told that *Mercury* is a harmless drug. Heaven save the blind and forgive the erring! *Mercury* has perspiration on the least exertion. Hering says that *Mercury* works from without (skin and mucous) inward. How? It evidently goes by the way of the glands, producing enlargement of the liver and spinal (dorsal) hyperæmia. The sluggish blood stream is relieved by perspiration. When taken it increases the saliva, loosens the teeth, makes a big, flabby tongue that shows the prints of the teeth, stimulates the liver so that the appetite is capacious, ravenous, the venosity is increased, the urine is high colored ("stains the diaper reddish"). The action goes on until the nutrition of the bones suffers, beginning with those of the mouth. In this grand rounds the *Mercury* body is weak and wet on exertion. Have we a remedy like that in its symptoms or pathology? It would seem that we should get hold of the old string that ties the drug effects together. To explain the keynotes should be the next step in drug study. Hahnemann anchored the symptoms to anatomy. We should point out their course of action and the lesions produced, or, if you prefer, drug pathology.

NULLUS ADDICTUS, ETC., ETC.

The highest compliment that the Sandwich Island chief could pay Captain Cook was to chew his food for him—an over-complacent hospitality, rather. The great navigator was not in a position to dictate the manner of the social rites, so he bolted each insalivated bolus—with what grace one can easily imagine.

Captain Cook's compliance was not voluntary, and we pity him for the "fix" he was in, having the while an unspoken thankfulness that we are allowed to use our own grinders, for such are the amenities of our latter-day civilization.

But, even in this year of Grace, 1901, there be those among us who prefer to have their food chewed by proxy, all forgetful of the stern law of evolution. The fish in Mammoth Cave, having no use for eyes, Nature at length refuses to go to the trouble of providing "peepers" which the darkness makes superfluous.

Hence our fixed belief that in due time homœopathic physicians will become edentulous, for why should Nature furnish teeth for those who never use them?

Is evidence wanted to substantiate the thesis which we are full ready to defend? Well, doesn't our literature afford ample evidence that our "school" is divided into two classes: the *Chewers* and the *Chewed-fors*? Does anyone say "No!"

Well, by the way their books sell, if my friend Dewey and Dr. Nash are not of the humane and kind-hearted order of *Chewers*, I do not know the species.

That Dewey's "prepared food for infants" is well selected and gotten up "to the Queen's taste" is beyond question. Like the famous *Castoria*, "children cry for it," once having tasted it. And Dr. Nash, hasn't he so "practiced" that the homœopathic small fry do the "open-your-mouth-and-shut-your-eyes" act with both delight and profit? Are they are not waxing fat? Verily! (But do they know one shabby trick that this very fatness may serve them? Does not too much fat lead to fatty infiltration, which weakens the muscles, and to fatty degeneration, which ruins the noblest organ in the body, the heart? Beware of this literary *ensilage;* go into the fresh fields and do your own browsing. It will ensure not only the endowment of teeth, it may enable a better digestion than you have yet enjoyed. Try it.)

But it is not only in the matter of these labor-serving, "handy" *little books* that we refuse to use our own teeth; oh, no. And yet we are prone to boast of that which should be the sorry badge of servitude. Despite Dr. Johnson's advice, "Clear your mind of cant," we show by our practice that we can't. For instance, we are somewhat fond (as the frequent quoting of it shows) of a sonorous Latin line:

"*Nullus addictus jurare in verba Magistri.*"

(You will observe, please, that I have "got it by heart.") Freely rendered it means, *I won't swear to it because the other big fellow says it!* And yet we're doing it daily.

For instance, again. It was only the other day that an English editor was "safely delivered" of the following: "Let it be carefully noted that Hahnemann prescribed according to symptoms and not for pathology; [Bully for him! Prescribing for pathology?] also that he gave single doses and let them expend themselves."

I may remark in passing that the cheapest way to get a reputa-

tion for being a "pure" homœopathic physician is to memorize a few catch-words, to chirrup them in season and out, and to fill the "organ" of these select saints with reports of therapeutic miracles, such as no other practitioner of Homœopathy, though he "imitate exactly," can ever duplicate. I know this is done, for I know those who have this prowess for their chief stock in trade.

Now that *single dose* prescription is simply the bolting of a *verbum magistri.*

It was my happy privilege to watch the practice of one, Dr. Carroll Dunham, for some years. His practice was largely in the field of chronic diseases; and after his masterful selection of the remedy—a matter in which he was second to none in his day—I found him ordering the "little, white powders," to be taken at intervals of four hours, and *continuously.* This, too, although Dr. Dunham had sat at Bœnninghausen's feet for a whole year and *seen his daily practice.*

In reply to a direct inquiry why he thus violated a canon of the "true faith," he replied, "I think I have found it better to give a dose every four hours, and, when the *action is unmistakable*, to stop the remedy." This was not said *ex cathedra*, but with that frank and modest openness which characterized him; a distinguishing feature which, to all who knew him in the flesh, will prove that I have indeed "been there."

According to the pseudo saints of Homœopathy this procedure should have frustrated the beneficial action of the best-selected remedy. Was it in pure deference to Dr. Dunham that it didn't?

Dr. Dunham's experience had not enabled him to see his way to the alternation of remedies, which is the "unpardonable sin" with so many of the homœopathic "unco gude." Nevertheless, this method of homœopathic practice was so ably defended by the late Dr. Payne (of Maine) that I could see that Dr. Dunham did not "hanker" for a tilt with him in the arena about this moot question.

I believe Hahnemann himself was given to boasting in the *Nullus addictus* line, yet if a disciple didn't swallow his *ipse dixit* he had a scowl for his independence. Didn't Stapf, heart sore over the death of his own child, write to Hahnemann that *Homœopathy was not always sufficient?* And did not Hahnemann show his autocratic rule by treating the bereaved father more than coolly for so long a time as he remembered his ill-founded wrath?

Even so. Alas, these are the feet of clay by which the Infinite humbles our pretensions!

As to the single dose dogma—put yourself in Hahnemann's place and then condemn him if, in fairness you can! He was suddenly, as it were, brought face to face with therapeutic results from quantities that made Hufeland ask in a paroxysm of "scientific" incredulity, "What effect can the one hundred thousandth of a grain of Belladonna have?" Dr. Hahnemann gave a reply that every homœopath should know, but most certainly does not —such is one result of the latter-day "predigested food." It is evident that Hahnemann was astounded at the results of his own "dilutions," the heathen call them, "potencies" he named them because he found them *potent* when he "asked Nature." In the fogs and blinding mists that confused the vision in those early days, days when the garments of the unborn babe, Science, were as yet unspun, we know to what desperate hypotheses he was driven by the desire to *explain* the puissance of his "potencies." Then came the Dynamization theory, which we know will no more hold water than a sieve; while we also know, on far better evidence, that these very "potencies" are potent.

Why, the mysteries that perplexed Alice in Wonderland are not to be compared with those that confronted him. Is it a wonder that a potency that was to him an unknown *quantity* was invested with as mysterious a *quality?* Perhaps he had raised a devil that he could not lay if, instead of one, he introduced a legion to play their occult pranks in the human frame divine. Give him the charitable judgment that pure science cheerfully to-day awards to Ptolemy and to Copernicus.

Meanwhile, my dear reader, have a care for your teeth.

S. A. J.

Ann Arbor, 29th of October.

ANNOUNCEMENT.

Cleveland, Ohio, November 1, 1901.

To the Members of the American Institute of Homœopathy:

The American Institute of Homœopathy in session at Richfield Springs, N. Y., empowered the newly-elected Executive Committee to select the place for the Institute's 58th meeting.

The Committee has made choice of the City of Cleveland, O., for the meeting of the Institute in the month of June, 1902. We

feel assured that after the meeting has taken place the members will agree that the Committee's decision is the wisest one that could have been made. In 1899 the Institute made Cleveland its first choice for the next succeeding meeting, thus recognizing its eminent fitness. The local profession now desires the meeting. Cleveland has the advantage of being easily accessible by many lines of road from all parts of the United States. This is looked upon as being of the greatest importance in insuring a large attendance. The place of meeting must be accessible. The month of June in Cleveland is one of the most delightful of the year, and weather conditions are likely to be of the pleasantest. The Hollenden House—which will be headquarters—is one of the best hotels in any city in the country. It has made many concessions in the interests of its expected guests. The Hollenden has 500 rooms, and will take splendid care of a large number. There are other first-class hotels nearby. All can be suited and all can be accommodated.

There is a very large number of homœopathic physicians in the part of the country tributary to Cleveland, making it a most favorable point for the accession of new members. It is many years since the Institute has met in Ohio, an additional reason in favor of the choice that the Committee has made.

It is proper to state that the Executive Committee is well aware of the fact that there is a strong and wide-spread sentiment in favor of a quiet "resort" for the Institute meetings. Each member of the Executive Committee shares in this feeling. With this in view an earnest effort was made to find a suitable place of the character. The only one that presented itself was Put-in-Bay Island, in Lake Erie. After a thorough investigation the Committee felt compelled to abandon further thought of this place, for the main reason, among others, that it is very inaccessible. Boats do not always make proper connection with trains, often causing long delay. Should the lake chance to be rough, the trip is very objectionable to many people. Therefore, because of its inaccessibility, the Committee became convinced that it was undesirable to make choice of the Lake Erie Island resort.

In making the above announcement of its final choice, the Executive Committee entertains the confident assurance that the meeting of the Institute to be held at Cleveland, June 17–21, 1902 will take its place among those which have been the most successful, the most profitable, and the most largely attended.

Jas. C. Wood, M. D.,
President-Elect.

Ch. Gatchell,
Secretary-Elect.

POSTPONEMENT.

CINCINNATI, OHIO, November 12, 1901.

Members of the Homœopathic Medical Society of Ohio:

President J. C. Wood informs us that the American Institute of Homœopathy will meet in Cleveland during the week beginning June 17, 1902. Through the courtesy of one of your ex-presidents we are informed that it is the custom in those States in which the American Institute of Homœopathy meets to adjourn their meeting for that year. This is done that attendance at the American Institute may be better than if the interests were divided, as they would be in case we meet in May, 1902, and the American Institute the following month.

With this in view correspondence with your officers prompts us to submit the following:

"In view of the foregoing the officers of the Homœopathic Medical Society of Ohio have decided to postpone the next meeting from May, 1902, to May, 1903. The officers will remain the same under Article 5 of our Constitution. If sufficient number of protests from members are received by December 1, 1901, the action herein outlined will be null and void. If legislative or other business matters demand reconsideration later that also can and will be done."

Signed:

THOMAS M. STEWART, *President.*
G. D. GRANT, *1st Vice-President.*
J. P. HERSHBERGER, *2d Vice-President.*
A. B. NELLES, *Secretary.*
T. T. CHURCH, *Treasurer.*

SOME VETERINARY QUERIES AND POINTERS.

Editor of the HOMŒOPATHIC RECORDER.

Dear Sir: We need more knowledge in the veterinary practice in many lines, so I will try to add my mite and ask for a little help in some points. We can *prevent* blackleg or anthrax homœopathically, but who can *cure* it. If *you* have a *cure* let us hear from you. As a preventive I have used *Arsenicum alb.* 3x, 1 to 5 drops once or twice a week, and *never* failed, though we

used this for our own stock for ten or twelve years. The remedy may be mixed in the water in the tanks if desired. Anthrax in the horse is generally easily handled with *Arsenicum alb.* and *Lachesis*, one or both, but gives me no results with cattle. *Ipecac* θ, ½ strength, 10 drops to pail of water daily, cures chicken cholera in early stages, and its use obviates the use of *Arsenicum*. For orchitis in stallions or bulls *Ferrum phos.* 2x, one drachm every two hours, will *cure* in three to six doses. Have cured in two doses. *Aconite*, *Belladonna*, *Euphrasia*, *Arsenicum alb.*, *Bryonia alb.* are your only needed remedies in epizooty.

Where lameness, presumably due to rheumatism, calls for *Rhus tox.*, but does not yield, alternate with *Bryonia* and cure.

I. C. WENTZ, *Vet.*

Spearville, Kan.

OPIUM DRESSING FATAL.

Enough Poison Absorbed by Rocket Wound to Cause Death.

Alexander L. Campbell, the proprietor of a large drug store at 23 Beaver street, died in the Hudson street hospital yesterday afternoon of *Opium* poisoning, the poison being taken into the system by absorption from a dressing which had been put on a wound.

Mr. Campbell secured one of the rockets thrown overboard when the British bark Criffel was burned at the foot of Old Slip on October 8. He had a discussion as to whether it was still good after its wetting, and last Thursday tested it in front of his store, burning the palm and wrist of his left hand very badly.

The wound was dressed by his family physician and did not keep him from business. On Monday night the burn was dusted with an opium dressing to ease the excessive pain, as had been repeatedly done before. Mr. Campbell was at the store as usual on Tuesday morning, but shortly after 8 o'clock went to the rear room, saying he was sleepy. He sank into a coma from which he could not be aroused, and all efforts to resuscitate him at the hospital were unavailing. His death was due to *Opium* poisoning, caused by absorption.

Mr. Campbell had been in poor health for some time, and his condition, it is said, made him particularly susceptible to the

poison. His physician and the hospital authorities agree that the amount used in the dressing was not out of the ordinary.

Mr. Campbell was 38 years old and a bachelor. He lived at 214 West Thirty-seventh street and was prominent in Masonic circles.—*N. Y. Sun*, November 6th.

So the old fellow with the scythe is no respecter of persons; yet it does seem like ingratitude to "go back" on so firm a friend as a "regular" druggist!

The advocates of "scientific medicine" have the satisfaction of knowing that "sensible doses" do have a winning way of "getting in their work" regardless of the weather, and that even druggists are as poisonable as common people, and that the ordinary patients—meaning those folk who are created only that doctors and druggists may live—must take the same chances when they "monkey" with *Opium*.

Though it "had been repeatedly done before," it was done once too often, it seems! As if the drug power had phases, waxing and waning like the moon! Isn't it more likely that some *Opium* was used which had not been assayed to determine the lethal potency of it. Isn't it possible that an article which should have been condemned by the inspector—a "bargain"—did the fatal work for this particular druggist? It was, no doubt, "something just as good" as the honest article which would not afford as large a profit.

And, what is certainly noteworthy, how complacently "physicians and hospital authorities" join hands in explaining away the grim catastrophe.

These disinterested worthies "agree that the amount used in the dressing was not out of the ordinary."

Perhaps the dead druggist might have something to say on that point, *himself* finding it decidedly "out of the ordinary."

But an explanation is at hand, the druggist "had been in poor health for some time, and his condition made him particularly susceptible to the poison."

If poor health will make an old school patient "particularly susceptible," what's the matter with Samuel Hahnemann's small doses for such susceptibles, or does the rule hold good only when "regular" druggists are poisoned?

The Patient's Perils.

Scientific.	*Homœopathic.*
1. The disease.	1. Ditto.
2. Doctor.	2. [Especially if he is who adds to his knowledge of Homœopathy all that his old school business rival knows.]
3. Druggist.	
4. Dose.	

It must be that old school adherents are those severe economists who want all they can get for their money. Well, they get it, druggists and all.

S. A. J.

Ann Arbor.

TUBERCULINUM-BACILLINUM.

The first and most noticeable effect of *Tuberculinum* has been on the cough and dyspnœa. "Last night I slept well for the first time in eighteen months," and in a triumphant tone, "and I kept down my dinner to-day." This was Mr. C.'s (æt. 48) report after having taken a single dose of *Tuberculinum* 30x. His is an advanced case with cavity, streptococcus infection and very irregular temperature. After three months' treatment he has gained some in weight, night sweats have ceased, cough and dyspnœa are greatly relieved, and he continues to sleep well. The temperature range, however, is still abnormal, the physical signs remain unaltered, and tubercle bacilli continue present in the sputum.

Mrs. McE. (æt. 23) reported, after the first dose of *Tuberculinum* 200x: "I can breathe easier and I slept so well last night." This is also an advanced case with mixed infection, and while the progress of the disease is not stayed, its course is retarded and the distressing symptoms much ameliorated.

Mr. G. (æt. 30), with all the signs of incipient tuberculosis centered in the left apex, and presenting an especially distressing cough, was markedly relieved after a single dose of *Tuberculinum* 30x, and eventually regained his appetite and weight, with entire disappearance of the physical signs.

Miss F. (æt. 18), with a tubercular focus in right lung reported almost entire cessation of the distressing symptoms after the first dose of *Tuberculinum* 200x. In this case also increase in weight,

normal temperature and disappearance of the physical signs remain as evidence of cure.

Many cases of similar nature could be cited. The subjective symptoms were markedly relieved in the majority of cases where the infection was purely tubercular, *i. e.*, before a breaking down of tubercular foci and infection by pus organisms and the cases practically fever free, *Tuberculinum* could be relied upon to effect a cure in from three to six months. In cases with marked necrosis, decided fever and hectic, there was invariably marked relief of subjective symptoms and generally retardation of the course of the disease, but not usually a cure.

The remedy was administered in one grain doses, preferably just before retiring. In some cases it was given every night for a week, then withheld for a week, then the routine repeated. In other cases the remedy was given every third or every sixth night. The latter method seemed attended with the best results. Other remedies as indicated were frequently, not invariably, used on the days when *Tuberculinum* was not given, but never until time had been given for the *Tuberculinum* to manifest its characteristic effect on the cough and dyspnœa. These accessory remedies were chiefly *Bryonia*, *Arsenicum iodide*, *Sanguinaria*, *Eupatorium*, *Perfoliatum* and *Phosphorus.—From paper by A. B. Schneider, M. D., Cleveland, in Clinical Home Reporter.*

BOOK NOTICES.

Practical Medicine. By F. Mortimer Lawrence, M. D. 521 pages. 8vo. Cloth, $3.00; by mail, $3.23.

Dr. Lawrence has produced a book on practice that will command the respect of all physicians regardless of school. Indeed, it could not be otherwise, for the author has strictly followed the key-word of his title page and made his book severely practical. To cover all the field in 521 pages he had no room for any padding or debatable matter. He has given the profession the latest methods and procedures of modern medicine, all the tests and latest methods. Therapeutics necessarily occupy but a limited space, a list of all to be consulted being about all save in a few instances. We predict that it will take its place as one of the authoritative works of the century.

Manual of the Essentials of the Diseases of the Eye and Ear. By J. H. Buffum, M. D. Illustrated. 315 pages. Cloth, $1.50. Flexible, $1.75. Chicago. Halsey Bros. Co. 1901.

This fine little manual is now in its second edition, the first bearing the copyright year of 1895. It is written on the quiz plan; *i. e.*, a series of questions on all pertaining to the eye with the appropriate answer, the whole forming an excellent manual for students.

Pratt, Dr. E. H. *The Composite Man*, as comprehended in fourteen anatomical impersonations. Illustrated with fourteen plates. Cloth, $1.50.

No better book published for getting a clear idea of the human body. Each of the fourteen "men" address the reader in the first person, detailing their structure, etc. "The Bony Man" opens and is followed by the "Muscular Man," "The Arterial Man," etc.

Enlarged Tonsils Cured by Medicines. By J. Compton Burnett, M. D., London.

In this most excellent little work Dr. Burnett argues that well people do not have enlarged tonsils; that tonsils are not ill of themselves, but from the organism. Therefore he uses this as a strong argument why scientific medication is incomparably better in the treatment of enlarged tonsils than mere ablating them. He maintains by the strongest kind of reasoning that not only enlarged tonsils, but also adenoid growths, can be cured by medicines and condemns those who fly to the knife, for the knife can never remove the real cause. He discusses the advantages and disadvantages of the removal of these glands in a way that shows him to be familiar with the subject in all its aspects. He considers the tonsils important organs in preserving the life and integrity of the individual. We can commend the work to all practitioners of our school, both young and old. The indications for the remedies are concise, perhaps too much so, yet much can be learned from the clinical cases reported therein.—*Medical Century*.

Homœopathic Recorder.

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EDITORIAL BREVITIES.

What are You Going to do About It?—A Canadian correspondent of the Detroit *Medical Journal* puts it this way: "I cannot help thinking there is something farcial in having a nurse, at fifteen or twenty dollars a week, to run the thermometer under the tongue every two or three hours and jot down the result, along with the exact moment the bladder contracts, etc., etc. In ninety per cent. of the cases what does it amount to; if the temperature is 100°, then 102.2°, then 100.1°, what are are you going to do about it?"

Was It the X-Ray?—"A lady who fractured the neck of her thigh bone in March last, while learning to ride the bicycle, engaged a local photographer to take an X-Ray photograph. An exposure of two hours was given, and twenty days later a second exposure of two hours and ten minutes. This latter exposure seems to have been followed by inflammation and ulceration of abdominal parietes, and the patient became mentally unhinged, death following. It seems desirable to call attention anew to the fact that X-Ray photography has dangers, and that, therefore, the services of medical experts in its use should be procured whenever that is possible, rather than the process should be left to the non-medical photographer."—*Medical Press and Circular.*

One for the Mosquitoes.—Don't be too hard on the mosquitoes, for here is one to their credit from *Fort Wayne Medical Journal;* A farm hand was bitten by a rattle snake immediately a swarm of mosquitoes settled on the bite, filled up with blood

and then dropped dead. The farm hand lived. So the *Fort Wayne* says.

Connecticut Semi-Centennial.—The Semi-Centennial of the Connecticut Homœopathic Medical Society was celebrated on November 18th and 19th with great success. The Hartford papers, in which city the meeting was held, devoted a large amount of space in reporting the event and the various addresses.

Evolution or Degeneration?—Leading men in scientific circles, like Haeckel, it is said, have come to the conclusion that monkeys are simply degenerates of a past race. If the foundations of the theory of evolution are heaved there will be some imposing edifices resting on them fall, and great will be their fall.

Obituary.—James C. Duncan, M. D., of De Kalb, Ill., of nephritis, following typhoid fever, after a sunstroke during the hot days of July, at the age of fifty years. Dr. Duncan was born in Wisconsin, educated in Milton College, and graduated from Chicago Homœopathic Medical College in 1887. He was a member of the Illinois Homœopathic Medical Society and of the American Institute. His son, Dr. Clifford J. Duncan, succeeds to his practice.

The St. Louis Disaster.—Armand Ravold, the bacteriologist of St. Louis, says in his report concerning the numerous deaths from antitoxin in that city, that "the horse Jim seemed to be in perfect physical condition" when bled for the fatal antitoxin. He also adds that horses "undergoing treatment for the production of diphtheria antitoxin" are peculiarly subject to tetanus. "We have lost six antitoxin horses with tetanus since 1895." How one is to determine whether the antitoxin is safe or not isn't stated.

Chronic Diseases.—"Hahnemann's doctrine of Chronic Diseases, fairly interpreted, offers the mightiest weapons in our therapeutic resources, enabling us to wrest from the surgeon and specialist many a disease manifestation that would, without it, sooner or later, require their beneficent skill."—*Wm. Boericke, M. D., Address to Alabama County Homœopathic Society.*

Camden Tetanus Cases.—The Camden Board of Health has made its report on the numerous deaths from tetanus following vaccination. In effect it is that the State Bacteriologist being

unable to find any tetanus germs in the virus, "hence, tetanus could not have been caused by the virus employed." They say also that the air is full of tetanus germs, and the infection comes from that source.

THOSE LETTERS.—Dr. W. Jefferson Guernsey sends us a rather interesting bunch of letters, which see on page 544 of this number of the RECORDER. If anyone wants to reply to any of these letters the pages of this journal are open. Free speech is our policy.

BOVINE TUBERCULOSIS.—Dr. Moore's paper is another worthy of especial attention. See page 553

SCIENCE VINDICATES HAHNEMANN'S "THEORIES."—This is from a paper by Percy Wilde, M. D., in December *Monthly Homœopathic Review* on "Drug Dynamization:" "In the first place we have physicians of the homœopathic school who make use of the dilutions recommended by Hahnemann, and who do so because they find them clinically valuable. So far as I can gather, very few are inclined to pledge their scientific reputation by accepting Hahnemann's theory of drug dynamization. The disposition during the past half century has been rather to explain it away, or sink it in the necessity of using the small dose. The dilutions are no longer called 'potencies,' but 'attenuations.' Next we have physicians who constitute the vast majority, and who have no clinical experience of the use of extreme dilutions of remedies. They have been taught to regard the physician who uses such remedies as either a knave or a fool. They have been taught that it adds to the dignity of the medical profession to take this view. Next we have scientists, represented by physicists, chemists and electricians, who for some years have been teaching that all substances which are electrolytes, *i. e.*, acids, bases and salts, have their energy *increased by extreme dilution, in some cases by infinite dilution, as an elementary fact.* They know nothing of Hahnemann's theory, but in such circles, if absolute proof was afforded in respect to every known substance, that its chemical energy increased with dilution, so far from exciting surprise it would be met with the rejoinder, that every scientific fact already pointed to this conclusion, and has done so for many years."

PERSONALS.

Dr. T. M. Dillingham has removed to 8 W. 49th St., New York.

Our esteemed contemporary, *Russki Vratch*, is now under the able control of Drs. Podwisotski and Wladislawlew.

Dr. B. F. Lucas has removed to Ozark, Ark.

A young physician, at present in practice, wishes to go into partnership with an older physician. Address Mem, care of Boericke & Tafel, Philadelpiha, Pa.

Yes, Mary, there is considerable difference between a falsetto voice and a false set o' teeth.

"The human being, so-called, is more or less of a fool." Correspondent of *Medical Brief:* Well, what should he be called?

Camden, St. Louis and Cleveland are worrying the makers of antitoxin, etc. The "indicated remedy" seems safer at least.

Even in Paris some of the big men are kicking over the antitoxin traces.

The Philadelphia Board of Health quarantined forty stalwart policemen in their own station house. A tramp had been taken from it with small-pox by first intention, as it were.

If you are fortunate enough to have a chance to talk it over with the other fellow you find out that he isn't half bad.

No, Mary, running up columns of figures is *not* physical exercise.

The fourth annual meeting of the Washington Homœopathic Medical Society was held at the New Willard, December 13th and 14th.

Lawrence's new book, *Practical Medicine*, is a winner.

Send your papers to the RECORDER for a big circle of readers. Goes everywhere.

The foot ball agony is over, and now the basket ball man has the floor.

Boericke & Tafel will have a new book catalogue out some time in January.

Hering said that *Carbo veg.* is the best preventive of yellow fever.

See if *Bacillinum* (*Tuberculinum*) a few nights in succession will not give ease to the consumptive. Worth trying. See page 570.

They say that aching in filled teeth can be relieved by *Ammonium carb.*

The end of the HOMŒOPATHIC RECORDER, volume XVI. Subscribe for volume XVII!!